

HARVARD MEDICAL

Alumni Bulletin

Summer, 1964





Photo by Herman Goslyn

A job that only one man with one title can do — endorse the Harvard M.D. diploma. This was the fifteenth year that the Dean accomplished this relatively carefree task, and the next to the last time he will ever do it. When Dr. Berry retires June 30, 1965, he will have served the third longest term in the School's history of seventeen deans, a sixteen-year span exceeded only by Walter Channing, 1826-47, and David L. Edsall, 1918-35.

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HARVARD MEDICAL ALUMNI BULLETIN

Vol. 38

Summer, 1964

No. 5

Cover: Two important annual School events merge together, with one group returning again for their reunion, and the other leaving to begin new lives. Photos by H. Goslyn and W. H. Tobey.

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LETTERS

Offspring Admitted?

To the Editor:

Being a father of a Harvard Medical School reject, it occurred to me an Alumnus might try to answer the question, "What shall I tell my son — or daughter?" which appeared in the recent editorial by Perry J. Culver '41.

My son attended one of the leading New England colleges. His standing in the class was well above average — just short of Phi Beta Kappa. He was active in athletics, band, and did research honors work in chemistry. I doubt that he was "less adequately prepared in the requirements for medical school and had academic records considerably lower than those who successfully gained acceptance to the Harvard Medical School."

Of course my experience is limited to one case, but I note from the editorial that "only 19 Alumni sons applied and only 15 were accepted." Therefore, in one class I have 4 associates, and suspect their experience is somewhat similar to my own. It is my impression that the admissions committee of the HMS is adversely sensitized toward admitting sons or daughters of Alumni, and make a special scrutiny or evaluation of such applicants. It appears that the question of loyalty between the Medical School and Alumni is a one-way street in which the university is principally interested in how much money it can obtain from an Alumnus.

When I first went to New England, I was greatly impressed with the importance attached to family tradition and learned that it has considerable substantive value. Certainly I am practical enough to recognize that tradition alone is not sufficient, and I agree with the admissions committee that family association with the university should not

be the only requirement for admission to the medical school. Nevertheless, the children of Alumni have a pertinent experience not available to other people. They have a more realistic appraisal of the personal and professional problems of the physician and of the esoteric values of Harvard Medical School than do those persons coming from other social or economic origins.

They have a firsthand knowledge "in the humanities" of medicine and are by tradition qualified to be "the humanist who can be scientific — the ones most likely to succeed in medical school."

Those of us who have been tempered in the hard facts of professional life have learned there are many other excellent medical schools in addition to Harvard and there are numerous superior physicians in academic and clinical medicine who have graduated from medical schools other than Harvard.

My answer to the question posed by the editorial is to advise your son or daughter to apply to other medical schools besides Harvard, unless he or she is a paragon of virtues combining scientific genius with equal abilities in the arts, or drama, or literature, or athletics. If an application is made to Harvard, it appears advisable to submerge the parent's relationship to the school. It definitely is not helpful for an applicant to be identified with an alumnus and it may be harmful for his successful admission.

This communication has been reluctantly submitted. I detected a sense of concern in the editorial regarding a feeling of responsibility by the Admissions Department to explain its policies. Therefore, these comments are offered for whatever value or interest they may have to other Alumni.

CHARLES A. WALTMAN '32
Easton, Pennsylvania

Dr. Waltman's letter was referred to Dr. Culver, who has this reply:

To the Editor:

Dr. Waltman's letter comes to conclusions that, I believe, are based on a misunderstanding of the facts which prompted my editorial.

First, it should be clearly realized that the committee on admission gives preference — other things being equal — to the sons and daughters of Alumni. This policy, which has not changed in recent years, is fully borne out by the following data. Even though the numbers of both college students and those who go on to graduate study are rapidly increasing, the 19 sons and daughters of Harvard Medical Alumni represent only a tiny percentage of the total applicant pool of 1,150. Last year, owing to limitations of space, the Medical School accepted only one in ten of this total pool of highly qualified students but, from the group of Alumni sons and daughters who applied, it admitted one in four. Discrimination against Alumni is certainly not indicated by these figures, nor is it by comparable findings from previous years.

My editorial was stimulated by our many interviews with applicants and the visits that I and other Committee members have made to undergraduate colleges. From these experiences we came to realize that many Alumni sons and daughters were very poorly advised about how to prepare in college for medical school. By my editorial, I hoped to help parents of future applicants understand more completely how their children could best meet Harvard Medical School's requirements. High intellectual capacity and academic achievements are essential for gaining admission to the Medical School, but — by themselves — they are not enough. The Committee examines the applicant's total record — his extracurricular interests

and activities, his ability to work with others and to provide leadership, his capacity to solve problems, his total personal make-up. When Alumni sons and daughters combine these characteristics with a genuine motivation for the study of medicine and possess them in equal measure to other acceptable applicants, Harvard Medical School will always admit them.

PERRY J. CULVER '41
Assistant Dean for Admissions
of the Faculty of Medicine

A Vote for Teaching

To the Editor:

It is encouraging to see major gifts to the medical school being used to establish professorships (*Harvard Medical Alumni Bulletin*, Vol 38, Winter 1964). I am interested, however, that in the descriptions of faculty newly appointed to these positions, teaching ability is mentioned in one instance, and then only in passing. Research papers, honors and memberships in societies are amplified upon. In the case of Dr. Barger, as a past student, I can attest strongly to his skill and devotion as a teacher, and would even place this first among the many attributes which qualify him as a professor. It is distressing that in the other cases no mention is deemed worthwhile of such abilities.

Webster's *New World Dictionary* states the following: "professor . . . from *professore*. Latin — a teacher . . ." We all recognize that words alter their meaning with usage; however, I wonder whether we would be happy redefining "professor" as one who has written papers (no matter how valuable or erudite) and is a member of many august societies.

In his eulogy of Dr. Walter Bauer, a Harvard teacher of unique impact, I feel Dr. Means' order in listing Dr. Bauer's qualities is important. "He loved all three functions of Medicine — patient care, teaching and research. Of these, however, he loved his patients most. He served them with compassion and devotion." Since patient care is intrinsically also a teaching relationship, it might be asked as

the measure of any professor to what extent he loved teaching and whether he served his students with inspiration, compassion and devotion.

I hope the choice of emphasis in the descriptions of new professors does not herald a lower ebb in the receding value placed on teaching ability by HMS and other institutions. It would seem needless for there to be any insecurity with regard to productivity of the HMS faculty, and of all schools it would seem she need not bow to the current tide, particularly since she prides herself on being a breeding ground of teachers of medicine and the medical sciences.

WILLIAM B. GREENOUGH 3d '57
Pakistan SEATO Cholera
Research Laboratory
Institute of Public Health
Dacca, East Pakistan

(Unlike eulogies, the stories without bylines in "Along the Perimeter" do not contain editorial comment; therefore we can only include evidence of this very intangible quality, such as a quote from one of the man's associates or students. Ed.)

British Medicine

To the Editor:

Having recently returned from spending a year working in a provincial teaching hospital in England, I was most interested in Dr. Patton's impressions of the National Health Service (Spring issue, 1964). I should like to add one contribution to the discussion, based on my own observations.

To me the most disconcerting aspect of socialized medicine in Great Britain is the formal establishment of a two-class system for doctors. On one hand there are the GPs who are overworked and underpaid and, by being denied the opportunity to treat hospitalized patients, are deprived of many of the most challenging and educational opportunities in medicine. Consultants by comparison have a well-paid, comfortable job, especially in a teaching hospital with house staff, nurses and secretaries in abundance.

From a consumer's point of view, however, it is very reassuring to have one's own family practitioner in addition to hospitalization insurance.

The lesson for American medicine is to devise a system that will provide a doctor for each family and a hospital post for each doctor.

ARTHUR I. GRAYZEL '57
Albert Einstein College of Medicine

To the Editor:

In the Spring issue of the *Harvard Medical Alumni Bulletin*, Dr. Patton concluded that the National Health Service in Britain had "provided no answers but only created new questions" and expressed considerable surprise that the people who insist on trading buses to Cuba should not be having their own counter-revolution — about matters medical.

According to the philosopher Bloggs (1066), you can fool all the people some of the time and you can fool some of the people all the time but you cannot fool all the people all the time. To wit, there are possibly reasons why the average Briton is not dissatisfied with the present medical care which he receives, when he compares this with his experiences prior to 1948. Despite the lack of a hypertension clinic in Devon (and who gets hypertension in glorious Devon?) and the sacred "American tradition of good private medical care," statistics still show that the average life expectancy in this country is lower and the infant mortality rate is higher than in Britain. Bloggs (1066) has attributed these facts to such American influences as the very high temperature of public buildings, the unusual incidence of bowleggedness and locomotor atrophy from driving two cars, hypervitaminosis and the severe muscular and ocular fatigue found in conscientious readers of the *Sunday New York Times*. Indeed, there is little doubt that any two of these would be sufficient to overkill the average American before the age of seventy. Nevertheless, the overall quality of available medical care may also be involved. I would not deny that the

(Continued on page 55)



Fourteen months ago the Countway Library was a blueprint; as of May 12, when it received its ceremonial cornerstone, it was nearly half finished, with five of its eight levels at least in skeletal form. To "build" to the completion date of one year away, ten honored guests plied mortar to a limestone slab marked "1964."

For the occasion the new building, which at that point more resembled a large, land-bound helicopter, its open frame topped by a revolving orange crane, was equipped with a temporary wooden platform which extended from its ground floor onto Shattuck Street. Those invited included: fellows of Harvard College, members of the board of overseers, the overseers' committee to visit the Medical School and the School of Dental Medicine, old friends of the school, its staff, and representatives of its affiliated teaching hospitals. Sheltered under the building's steel beams at the foot of the platform were the speakers at the ceremony and those who laid on the mortar.

After Mr. Pusey, Dr. Berry; Howard Sprague '22, president, Boston Medical Library; C. Sidney Burwell '19, Samuel A. Levine Professor, emeritus, and former dean; and Mr. Ralph T. Esterquest, librarian of the Medical School Library, had remarked on the events which helped to create the new building (excerpts of their talks follow here), Mr. Esterquest shelved a metal box containing over 100 items referring to the library into the cavity behind the cornerstone. In it were printed materials, photographs, and even a brick from the present basement of the Boston Medical Library.

President Pusey then plied the first trowelful of mortar, followed by: Drs. Berry; Sprague '22; Roy O. Greep, dean of the School of Dental Medicine; John C. Snyder '35, dean of the faculty of public health; Sydney S. Gellis '38, acting dean of the Boston University School of Medicine; Lamar Soutter '38, dean of the Medical School of the University of Massachusetts; Joseph M. Hayman, Jr., dean of the Tufts University School of Medicine; Allen S. Johnson '27, president of the Massachusetts Medical Society; and Mr. Hugh Stubbins, architect for the library. Dr. Berry closed the ceremony by inviting everyone for tea or sherry.

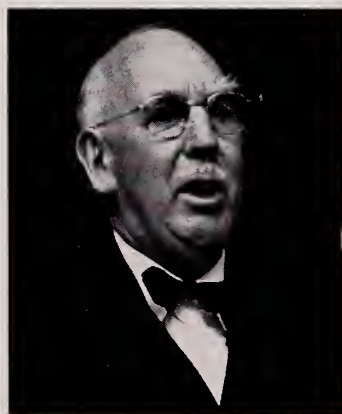
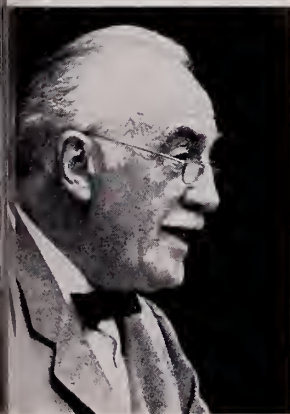
ALONG

THE PERIMETER

The Laying of the Countway



Photos by Ted Polumbaum



DR. BERRY: "It is as though it were only yesterday that I recall my first meeting with the overseers' visiting committee — the actual date was April 28, 1950, and I had been dean for only eight months when I emphasized to the Committee that the top priority for accelerating the forward movement of Harvard's medical, dental and public health schools was the creation of a new medical library — new in intellectual as well as physical concept and design . . . that would be commensurate with the high quality of our students and their teachers.

"My sense of exhilaration is not merely personal . . . It is an expression of gratitude on behalf of Harvard — and the whole medical community — for the vision of those individuals and foundations who helped bring to reality our dream of a great library. It has required 14 years since the Visiting Committee's meeting and \$8 million to bring us to the present moment.

"We who labor in the vineyard of medicine sometimes take for granted the generosity of those who make possible our ventures. It is not only fitting, therefore, it is mandatory, that I express thanks to the donors who have given to the Harvard Medical School the financial resources needed to build the Countway . . . First and foremost comes the late Miss Sanda Countway, whose princely gift was made in honor of her deceased brother. This distinguished native of Boston, starting as a bookkeeper and rising to president of Lever Brothers built the company from a million-dollar-a-year concern to one, which upon his retirement, was doing business at a rate of 200 million dollars a year. Miss Countway . . . saw in our plans for a great regional resource library a potential which, realized through association with regional libraries elsewhere, could have an influence around . . . the world.

"Next, Mr. Harold S. Vanderbilt . . . to him, the Harvard Medical School, as indeed the whole University, is tremendously indebted . . . In 1956, his long interest in the well-being of students prompted his gift that built our student residence, Vanderbilt Halls. As a member of our Visiting Committee, he appreciated the crucial importance of the library as the heart of a great medical center . . .

"It is also a pleasure to thank five national foundations: Rockefeller, Commonwealth, Markle, Avalon and James. These foundations, with their sophisticated insight, sensed the pioneering role of the Countway and realized how — on a national scale — this library and others to follow can deal with the explosion of knowledge.

"Next, I wish to thank two important local foundations: the Godfrey M. Hyams Trust and the Minot Family Foundation . . .

"I wish time permitted me to thank by name the many individual donors who have given so generously but the list is long, and I cannot. I also wish to express my appreciation to Gen. Robert Cutler who more than anyone else in the early days helped mobilize resources for the Countway. But, to *all* who have helped make this new library rise and who are helping to make its financial future secure by contributing to its endowment I extend appreciation and thanks . . .

DR. BURWELL: Mr. President, fellows of Harvard College, Mr. President and members of the board of overseers, Mr. President and trustees of the Boston Medical Library, Dean Berry and the faculty of medicine, Dean Snyder and the faculty of public health, good neighbors from Boston University, Tufts, and the University of Massachusetts Medical Schools, Mr. President and Massachusetts Medical Society, Mr. Architect Stubbins, ladies and gentlemen:

The history of medical libraries in Boston is long, but mine will be brief. There were medical books in the Harvard College Library long before there was any medical instruction in the College. In 1764 smallpox appeared in Boston and the members of the General Court sought refuge in Cambridge and occupied Harvard Hall. On the night of January 24, 1764, Harvard Hall, which contained the library and the philosophical apparatus, was seen to be in flames. Not only were medical books burned along with the rest, but two complete skeletons of different sexes. That was 1764.

"In 1782 the Corporation established medical professorships and this is considered to be the date of the founding of the Harvard Medical School. The President and Fellows took their action after studying the recommendations of a committee consisting of President Willard and Professor Wigglesworth, the Hollis Professor of Divinity. The first item of this committee report reads 'that the Library be enriched with a collection of the most approved authors in anatomy, surgery, physic, chemistry, et cetera — a collection more perfect than any in America, as soon as circumstances will permit.'

"Circumstances didn't permit much for a while, but in 1800 Dr. Ward Nicholas Boylston, who was born a Hallowell but changed his name to Boylston and inherited the not inconsiderable fortune of his Uncle Nicholas, laid the foundation of the Harvard medical collection by giving to the University about 1,100 medical books.

"In 1810 the Harvard Medical School moved from Cambridge to Boston. For a short time the School occupied rooms at 49 Marlborough Street, now Washington Street, about where Filene's is. In 1816 the Faculty of Medicine was established, the first *separate* faculty in a university that now has nine, and in that same year the School moved to a new building on Mason Street built from an appropriation by the General Court and known as the Massachusetts Medical College. In this building was a room for a library, and in it was a collection of books presented by members of the Faculty. In 1819 five members of the Faculty — James Jackson, John Collins Warren, John Gorham, Walter Channing, and Jacob Bigelow — wrote to President Kirkland offering to the University this library that they had collected from their own resources and from a few special gifts. They asked that it be put under the management of the medical faculty, but be subject to the inspection and control of the Rev. and Honorable, the President and Fellows of the University.

"In the early years of the nineteenth century, several special or proprietary libraries were organized in Boston. These were often called 'social libraries.' The first social library was a law library. The second social library was the beginning of the Boston Medical Library. In 1805 Drs. John C. Warren and James Jackson formed a private medical society for mutual improvement. Other members were Drs. Dixwell, Coffin, Bullard, Shattuck, Jeffries, Fleet, and Homans — names that still echo in Boston medicine. From this society, and particularly from the exertions of Drs. Warren and Jackson, grew the first incarnation of the Boston Medical Library.

"A letter from the faculty of medicine to the president in 1819 reported that the school had entered into an agreement with the proprietors of the Boston Medical Library, in consequence of which the two libraries were united and would continue to be so as long as it was agreeable to both parties. By this agreement, the Boston Medical Library was kept with the library of the Massachusetts Medical College and under the care of the same librarian. The books of each library were common to the use of those who had legal access to either library.

"This sagacious and prophetic arrangement lasted until 1826 when the 1,311 volumes in the collection of the Boston Medical Library were transferred to the Athenaeum. In the Athenaeum these books were still accessible to the proprietors of the Medical Library and they remained there until about 1896.

"In Farlow's excellent history of the Boston Medical Library, he says: 'The principal medical libraries that continued their independent existence after 1826 were



Ralph T. Esterquest, future librarian of the Countway, deposits the relics of 1964 for "those who come after us."

the Boylston Medical Library in Harvard College in Cambridge . . . , the Library of the Massachusetts Medical College (this means the Harvard Medical School) in Boston, and that of the Massachusetts Medical Society, also in Boston. Almost no additions had been made to these somnolent collections and they were of no particular service to the medical profession.'

"When the Harvard Medical School in 1846 moved to its new home in Grove Street adjacent to the Massachusetts General Hospital, it made provision for a modest reading room for students, but for no other library facilities. It seems that at this time such collections of books as existed were in the professors' houses.

"The Boston Public Library was founded in 1852. It received gifts and bequests of medical books. For a time the Massachusetts Medical Society had rooms at No. 36 Temple Place and was the possessor of a library of a limited number of monographs and some periodicals. In the report of the Librarian for 1871 it was stated that 'No one had consulted the books in the past year.' At any rate, in 1872, this library was given to the Boston Public Library. A number of medical people were dissatisfied with this arrangement, believing that there should be a central *medical* library serving the medical profession. In 1874 a young man, James R. Chadwick '71, began to talk about the need of such a medical library. On December 21, 1874, a meeting was held to discuss the organization of a medical library in the City of Boston. The formal organization took place in 1875, and the Boston Medical Library, then formed as a successor to the earlier one, has continued and grown ever since. Each of the first officers held an appointment in the Harvard Medical School.

"Rooms were secured for this library at 5 Hamilton Place, about opposite the Park Street Church, a site considered suitable because it had a pleasant freedom from the noise of traffic. One fears that this freedom, like others, has been lost. In 1878 the Library moved to Boylston Place, and in 1901 built the building on the Fenway which it occupies today. In 1875, at the time the Boston Medical Library was organized, the Harvard Medical School turned over to it 1,500 volumes. In 1889 Oliver

Wendell Holmes, the first President, gave the Boston Medical Library his own lifetime medical collection of about 1,000 volumes. At that time the Boston Medical Library was the authoritative medical library in Boston medicine. It served all the schools and it served the profession of the State, as it still does. The Boston University Medical School was established in 1873 and the Tufts College School of Medicine in 1893. Each developed a library, but, like Harvard, depended for many years on the Boston Medical Library for a comprehensive medical collection.

"When the present Harvard buildings on Longwood Avenue were opened in 1906, only minimal provision was made for a central library, and more generous provision for departmental libraries. In the administration building only a reading room for students was supplied.

"In 1913 the director of the Harvard University Library suggested that the Boston Medical Library combine with the Harvard Medical School Library to establish a center of medical literature in the immediate neighborhood of the School, obviating duplication of effort and expenses. In 1919, when Professor Frederic T. Lewis was chairman of the library committee, there was another movement to build a new building which would house both the Medical School Library and the Boston Medical Library. The hope was to build such a building on the land now occupied by Vanderbilt Hall. Nothing happened.

"In 1928, under the leadership of Dean Edsall and the stimulus of the organization of the School of Public Health, additional space in Building A was provided for a central library, and the movement of departmental libraries into the control and operation of the central library organization was accelerated.

"In the '30s and 40s, the enchanting possibility of having the combined collections of the Boston Medical Library and the Harvard Medical Library in the same building and available to members of both groups was explored again and again. Many dinners were eaten; unnumbered thousands of words were spoken; movement was forward, but slow.

"In the early 1950's things began to move faster. George Packer Berry had become dean of the faculty of medicine. He and his colleagues in the Medical School and the associated hospitals set up a long-term program for progress. The first and priority item in this program was the erection and endowment of a new central library. In 1958 Dean Berry was able to announce the magnificent gift of \$3,500,000 by Miss Sanda Countway to build the Francis A. Countway Library. Through the Program for Harvard Medicine, other funds came in for building and for endowment. In the same year Mr. Esterquest became the librarian and brought skill and experience to the preparation of a building program . . . Another stimulus important to the present development was applied by Dr. Howard B. Sprague, the perceptive president of the Boston Medical Library. At a meeting held between representatives of the Boston Medical Library and

of the Harvard Medical Library, Dr. Sprague suggested that the new Harvard library might be built to contain not only the Harvard collection, but also the great collections of the Boston Medical Library. After this there was a year of careful negotiation and exploration of the advantages and problems of such a step. In December of 1959, the Boston Medical Library trustees voted without dissent to accept the proposed agreement and instructed their President to sign it. In January of 1960, a special meeting of the fellows of the Boston Medical Library called for the purpose considered the letter of agreement and voted, again unanimously, to ratify the action of the trustees. On January 14 a letter of agreement was signed by President Pusey in Cambridge, and on January 19 by President Sprague in the Fiji Islands. Thus after 140 years, these two great libraries again have come together to serve the whole medical community and to bring into effective accessibility their collections of medical library material.

"Our colleague, Dr. Benjamin Spector, in his history of the Tufts College Medical School, defines a medical library as follows: 'A medical library is a fortress by which is held the scientific territory which has already been conquered, and which becomes in turn the base for new conquests.' These are good words to bring into this brief account of medical libraries in Boston. Today's ceremony of laying the cornerstone of the Countway Library marks another turning point in the history of medical libraries in Boston. It makes the future brighter for all people interested in medicine and in scholarship, for teachers, for investigators, and for those who care for patients."

DR. SPRAGUE: "The laying of a cornerstone is a symbolic affair that signifies the strength of the foundations, but also, there is deposited within it a group of historical mementoes to be unearthed by some future archeologist as he ponders the days in which we now live.

"This collection is, I believe, a further gesture of supplication to the gods for good fortune, in what may be called in ancient maritime terms, the 'adventure' of this building. This cornerstone laying ceremony indeed partakes of the symbolisms of 'stepping the mast' of a sailing ship, for under the heel of the mast, in the step cut in the keel, was always placed a shiny coin for good luck. If I may carry this further, let me point out that the mast, transmitting to the hull the motive power of the ship's sails to carry her forward, was fitted through the deck between the heaviest and most responsible timbers, called the 'partners.' How appropriate that this Countway Library should be so dependent upon the sturdy cooperation of its two 'partners,' the Boston Medical Library and the Harvard Medical Library. Yet the 'partners' alone would not ensure the survival of the ship, and so we have other timbers — Boston University, Tufts University, the University of Massachusetts and the Massachusetts Medical Society.

"And, let me say a word about our benefactors and

about Dean Berry. The ship's timbers would be but green trees still growing in the forest without the Countway munificence and that of other financial supporters, and without the irresistible powers of George Packer Berry. He is the one who so wisely follows the injunctions of St. Luke, who said: 'For which of you intending to build a tower sitteth not down first and counteth the cost, whether he hath sufficient to finish it.' As I stand here and represent the Boston Medical Library, it is my belief that this ship is tight, staunch, and strong, that neither the winds of chance nor any waves of dissension will hinder the 'adventure' of this great library, and that like Magellan's ship *Victoria*, her fame at least will encircle the globe."



Photo by Fabian Bachrach

Dr. Vallee

Dr. Vallee First Professor of Biological Chemistry

Bert L. Vallee, director of the Medical School's Biophysics Research Laboratory at the Peter Bent Brigham Hospital, has become Professor of Biological Chemistry. Dr. Vallee is an outstanding teacher and investigator, and his new appointment "recognizes his growing stature as a biological chemist and his ability to forge strong links between medicine and biochemistry."

For the past sixteen years, Dr. Vallee has been engaged in research to determine the chemical basis of biological specificity through the study of metalloenzymes. These enzymes are uniquely suited for this type of study

by virtue of the specific reactivity of the metal which is preserved, even when part of a large protein molecule. By exploiting knowledge of the chemical reactivity of metals, together with the knowledge and techniques of organic and physical chemistry of proteins, Dr. Vallee and his collaborators have succeeded in defining many of the chemical characteristics of the active site of the pancreatic enzyme carboxypeptidase as well as those of a number of alcohol dehydrogenases from different species. It can be anticipated that completion of this work will provide an understanding, in strict physical and chemical terms, of the mechanism of enzyme action.

Dr. Vallee received the B.S. degree from the University of Bern, Switzerland in 1938, and in 1943 received the M.D. degree from the New York University College of Medicine. He was formerly associate professor of medicine.



Dr. Gorini

Dr. Gorini Made American Cancer Society Professor of Bacteriology and Immunology

Luigi Gorini, a distinguished bacteriologist, has been elected the American Cancer Society Professor of Bacteriology and Immunology in the faculty of medicine at Harvard. Dr. Gorini is widely recognized for his studies of mechanisms regulating cellular activity; recently he has been working with bacteria cells, introducing factors to them that act to suppress their hereditary characteristics.

Dr. Gorini was born in Milan, and received a Ph.D. degree in organic chemistry from the University of Pavia, Italy, in 1925. He was appointed to the University of Milan, but in 1927 his career as a teacher and investigator was disrupted by the rise of Fascism.

When as a matter of principle he refused to join the Fascist Party, he was "thrown out" of the University. He became an active anti-Fascist but was unable to work in his profession for over a decade. It was not until 1947, when he emigrated to France, that he had the opportunity to develop his remarkable potential as a bacteriologist. He became associate professor in the department of biochemistry of the faculty of science at the Sorbonne University, and in 1955 he came to this country on a Rockefeller grant. Two years later he was invited to become lecturer on bacteriology and immunology at the Medical School, and he was elected associate professor in 1962.

Promotions and Appointments

THEODORE L. BADGER '26, clinical professor of medicine
MARSHALL K. BARTLETT '28, clinical professor of surgery
GERALD CAPLAN, clinical professor of psychiatry
LAURENCE B. ELLIS '26, clinical professor of medicine
EUGENE C. EPPINGER '30, clinical professor of medicine
OLIVE GATES, clinical professor of pathology
ALEXANDER S. NADAS, clinical professor of pediatrics
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WALTER H. ABELMANN, associate clinical professor of medicine
ROBERT L. GLASS, associate clinical professor of ecological dentistry
WALTER C. GURALNICK, associate clinical professor of oral surgery
DAVID HURWITZ '29, associate clinical professor of medicine
ALEXANDER MARBLE '27, associate clinical professor of medicine
JANET WARD McARTHUR, associate clinical professor of medicine
GEORGE L. NARDI, associate clinical professor of surgery
RICHARD SCHATZKI, associate clinical professor of radiology
MILFORD D. SCHULZ, associate clinical professor of radiology
ROBERT E. SCULLY '44, associate clinical professor of pathology
AUSTIN L. VICKERY, JR., associate clinical professor of pathology
LEONARD ATKINS, assistant professor of pathology
ROBERT B. BERG '52, assistant professor of pediatrics at Beth Israel Hospital
JOHN R. BLINKS '55, assistant professor of pharmacology
STANLEY H. ELDRED, assistant professor of psychiatry at McLean Hospital
SIDNEY FUTTERMAN, assistant professor of biological chemistry, department of ophthalmology at Massachusetts

Eye and Ear Infirmary

RONALD J. GIBBONS, assistant professor of bacteriology at the Forsyth Dental Infirmary

LEON GOLDSTEIN, assistant professor of physiology

HAZEL M. GORE, assistant professor of pathology

ROGER B. HICKLER '49, assistant professor of medicine

LOUISA P. HOWE, assistant professor of sociology, department of psychiatry at the Massachusetts General Hospital

ROGER T. KELLEHER, assistant professor of pharmacology

JACK H. MENDELSON, assistant professor of psychiatry at the Massachusetts General Hospital

WILLIAM H. MORSE, assistant professor of psychology in the department of pharmacology

JOHN NALBANDIAN, assistant professor of operative dentistry

DAVID C. POSKANZER '54, assistant professor of preventive medicine

HUGUES J.-P. RYSER, assistant professor of pharmacology

PETER E. SIFNEOS '46, assistant professor of psychiatry at Massachusetts General Hospital

SIGMUND S. SOCRANSKY, assistant professor of periodontology at the Forsyth Dental Infirmary

TORSTEN WIESEL, assistant professor of neurophysiology in the department of psychiatry

PETER H. WOLFF, assistant professor of psychiatry at the Children's Hospital

BENJAMIN M. BANKS '30, assistant clinical professor of medicine

MORRIS E. CHAFETZ, assistant clinical professor of psychiatry

BELLENDEN R. HUTCHESON, assistant clinical professor of psychiatry

EDWARD A. MASON, assistant clinical professor of psychiatry

CHARLES L. SHORT, assistant clinical professor of medicine

NORMAN E. ZINBERG, assistant clinical professor of psychiatry

The following members of the teaching staff have been promoted to faculty rank:

CHARLES T. AMBROSE, associate in bacteriology and immunology

HOWARD P. BADEN '56, associate in dermatology

JEAN B. BURNETT, associate in biological chemistry in the department of dermatology

JOHN P. CONNELLY, associate in pediatrics

DANIEL DEYKIN '57, associate in medicine

ISRAEL L. DOGON, associate in operative dentistry at the Forsyth Dental Infirmary

PAUL R. DRASKOCZY, associate in pharmacology

LAURENCE E. EARLEY, associate in medicine

ALVIN ESSIG, associate in medicine at Massachusetts General Hospital

DANIEL D. FEDERMAN '53, associate in medicine at Massachusetts General Hospital

ANDREW G. FRANTZ, associate in medicine at Massachusetts General Hospital

LUKE GILLESPIE '37, associate in obstetrics and gynecology at the Boston Lying-in Hospital

RALPH S. GOLDSMITH, associate in medicine.

ANNA-MARIE GRÖN, associate in orthodontics at the Forsyth Dental Infirmary

EDGAR HABER, associate in medicine at the Massachusetts General Hospital

JAMES A. HERD, associate in physiology

HOWARD T. HERMANN, associate in psychiatry.

HOWARD N. JACOBSON, associate in obstetrics and gynecology

JEREMIAS H. R. KAGI, associate in medicine

RICHARD B. KEARSLEY '52, associate in pediatrics

JEROME O. KLEIN, associate in pediatrics

CLEMENT S. C. LEAR, associate in orthodontics at the Forsyth Dental Infirmary

LAURE M. LEBRET, associate in orthodontics at the Forsyth Dental Infirmary

JEANA D. LEVINTHAL, associate in bacteriology and immunology

HUGO W. MOSER, associate in neurology at Massachusetts General Hospital

JOHN M. MOSES, associate in medicine

BENJAMIN J. MURAWSKI, associate in psychology in the department of psychiatry

LINCOLN T. POTTER, associate in pharmacology

RHONA V. RAPOPORT, associate in sociology in the department of psychiatry

SANFORD I. ROTH '56, associate in pathology at the Massachusetts General Hospital

VICTOR W. SIDEL '57, associate in preventive medicine

ABRAHAM SPECTOR, associate in ophthalmic research at Massachusetts Eye and Ear Infirmary

ARMEN H. TASHJIAN '57, associate in pharmacology

DAVID D. ULMER, associate in medicine

ARNOLD N. WEINBERG '56, associate in medicine at the Massachusetts General Hospital

MILTON H. ALPER '54, clinical associate in anesthesia

DOUGLAS A. ATWOOD '46, clinical associate in prosthetic dentistry

WALTER R. BURACK, clinical associate in medicine

LESTER GRINSPOON '55, clinical associate in psychiatry

HENRY U. GRUNEBaum '52, clinical associate in psychiatry

WILLIAM H. HARRIS, clinical associate in orthopedic surgery

BERNARD MAX JACOBSON '29, clinical associate in medicine

GUY W. LEADBETTER, JR., clinical associate in surgery

FARAHE MALOOF, clinical associate in medicine

SAMUEL R. SCHUSTER, clinical associate in surgery

MIHRAN O. TACHDJIAN, clinical associate in orthopedic surgery

EDWIN O. WHEELER, clinical associate in medicine

HEWITT B. WHEELER '52, clinical associate in surgery

BERTRAM M. WINER, clinical associate in medicine

RICHARD WOLFF '50, clinical associate in medicine

CAROLYN COHEN, lecturer in biophysics at Children's Hospital

Honors at Home

"There is a tide in the affairs of men which, taken at the flood, leads on to fortune . . ." For Dr. Berry fortune has arrived this May and June in the form of three important local tributes. The first, from his own institution, was the naming of the George Packer Berry Professorship, which President Pusey announced in his annual address to the Harvard Alumni Association on Commencement Day. The new chair, he said, "honors the vigorous and dynamic, inspired and inspiring present leader of the Harvard Medical School." It was one of two established through a recent \$1 million gift from The Commonwealth Fund, the other having been designated for Edward S. Harkness, great friend of medical education and education in general.

The second, presented him by Brandeis University at its 13th commencement, was the Doctor of Humane Letters degree, which cited him as a man who "At a crucial moment in scientific history . . . balances the dynamics of molecular biology with the ancient art of healing. Statesman for all of American medical education, he advances the honored humanist tradition of medicine beyond the limits of technical training and innovation, as Osler and Flexner before him."

In May the Brookline Rotary Club gave him the Distinguished Service Award, which is presented annually to a citizen of the town engaged in a profession, business or industry where his accomplishments have been outstanding. Dr. Berry is the ninth Harvard physician to receive the award.

A Century of Health Service

"... Certainly there is none like it in the world . . . It is to be remembered that success as an institution . . . rests almost wholly with the members of our profession . . . it is to them that the public will look to see that the large amount of money thus expended is properly devoted to its divinest purpose."

Thus read the article on the new Boston City Hospital in the *Boston Medical and Surgical Journal*, May 26, 1864. A hundred years have rolled away, but the sentiments are as true today. If truth had a quantitative, rather than qualitative connotation, one would say it is truer today than then; a hundred years ago the hospital had only five interns, six visiting surgeons and six visiting physicians — today there are more than 400 physicians and surgeons and over 300 interns, residents and fellows. Today not only are the three original departments of medicine, surgery and ophthalmology operating, but they have expanded to include six medical services with three surgical services and many medical and surgical specialty services.

Dr. William B. Castle's speech to HMS on Alumni Day was entitled, "The First Hundred Years Are the Hardest," but he went on to describe medical achievements, discoveries, and contributions to health that would stagger the imagination of any mid-19th century physician.

The hospital celebrated its centenary with a remarkably comprehensive program. From May 6 to June 10 various symposia and scientific programs of the medical, surgical and specialty services; dinner and cocktail parties; open houses; reunions; alumni association meetings; school of nursing symposia; international symposia; general sessions including such topics as "The Hospital in Medical Care" and "The Role of Organizations in Advancement of Medical Care, Education and Research"; the 40th Anniversary observation of the Thorndike Memorial Laboratory intermittently swirled through the hospital and various Boston hotels, clubs and halls.

At the convocation exercises, Dr. Berry told how a group of Harvard Medical graduates "took the initiative that led to the founding of the hospital in 1864," and how five years later, when Charles William Eliot became president of Harvard, he instituted "sweeping reforms that have led to the flowering of university medicine." Dr. Eliot was "aware of the static condition of medical education . . . and knew that patient care would be best administered by those simultaneously engaged in teaching and research . . . These reforms were pursued at the City Hospital with imagination and devotion by such great physicians as John Homans, Henry Bowditch, John Ware, Francis Peabody, George Minot, Frank B. Mallory, Soma Weiss . . . and Stanley Cobb, Derek E. Denny-Brown, William B. Castle and Maxwell Finland." From the beginning the Medical School has helped staff the City Hospital and make Dr. Eliot's vision become reality.

Insurance "Invests" in Harvard Medicine

Gratitude for Harvard medicine's healing powers sometimes opens up unexpected vistas. The New England Mutual Life Insurance Company has begun what President Pusey calls "an important new chapter" in the history of corporate grants to university teaching and research by making an unrestricted, \$500,000 "investment" in the Medical School.

O. Kelley Anderson, president of the company, stated that "the declining mortality in recent years has caused large savings in the life insurance business" and has subsequently benefited policy holders by enabling "companies to charge less for the protective element in policies." He attributed these savings primarily to medical research and teaching and the consequent improvement in medical care.

The gift, which is to be called the New England Mutual Life Insurance Fund for Advancing Medical Science and Care, has helped bring the Program within \$40 million of its \$58 million drive for faculty support. It is the New England Mutual Life Insurance Company's second major move to further medical research; in 1945 it helped start the Life Insurance Medical Research Fund of the Life Insurance Association of America, which has contributed \$15 million to investigation of heart and circulatory disease.



l. to r.: Oscar W. Hills '43, John R. Bryan '43, Cabot Brown '26, San Francisco chairman, and Peter Morrison

The Program's Fourteen City Hookup

On April 30, 1964, from the Harvard Club in Boston down to Miami up to Chicago across to Los Angeles and up to Portland, with nine other cities in between, the "bells were ringing." By criss-crossing the nation on a closed circuit broadcast system, the Program linked fourteen cities together from 10 A.M. to 9:50 P.M., while Alumni chairmen from eighteen areas reported their committees' progress in the Alumni Campaign of the Program for Harvard Medicine.

Claude E. Forkner '26, national Alumni chairman, presiding from the Harvard Club, announced that by the end of the day \$1,694,763, or 48.4% of the \$3.5 million goal, had been reached. Three areas topped their goals, Cleveland with 102%; Springfield, 115%; and Worcester, 147%.

Dr. Berry (who has become an honorary member of the Class of '53) was the opening speaker. He told of the impressive gains in the strength of the faculty through the Program and reminded his fellow Alumni that "past generosity and foresight of Alumni and other benefactors have enabled Harvard to serve the nation well, so now the destiny of your Medical School is largely in your hands."

The cities were called in alphabetically and gave their up-to-the-minute reports. Boston led in dollars, with \$409,833, which was just over half the total goal. Herman B. Wright '23 and Ernest F. Bright '29 announced that the committee of Greater Cleveland was holding a victory celebration because it had had a remarkable 82% Alumni participation, which pushed the total goal over the top. Seattle's efforts created a stir when Alfred L. Skinner, Jr., '51, announced that they had increased the total of their goal from 59% to 92% in just two days.

After the national reports President Pusey addressed the Alumni from New York. He paid tribute to the Medical School's position as one of the "most distinguished departments of the University" and thanked Mr. Ridley Watts, general chairman of the Program, for his volunteer service during the past four years in helping the Dean and the faculty to make this position more secure. Mr. Pusey also said: "Harvard's capacity for national leadership in medicine must not be diminished . . . This gives the nation an opportunity to see what first class medical education can be . . . If a small number of leading schools don't push standards ever higher the nation will suffer gravely through a loss of excellence in medicine."

New Director for Center for Population Studies

Roger Revelle has been appointed director of the new Center for Population Studies in the Harvard University School of Public Health. A leader in organizing international scientific research, Dr. Revelle will remain as university dean of research for the University of California and director of the Scripps Institution of Oceanography until October 1.

President Pusey described Dr. Revelle as "extraordinarily qualified to organize and lead the joint attack . . . on complex problems arising from the imbalance between number of people in the world and the means to sustain them in health and well-being." The new Center will be international in scope and will draw upon resources throughout Harvard University, serving as a focal point for physical and social scientists, engineers, and scholars in the humanities.

Dr. Revelle has been internationally known for his investigations of the physical nature of oceans and in recent years for his attention to problems of developing countries, particularly those whose populations are increasing faster than their economic growth.

Halsted R. Holman Chief of Service Pro Tempore at the Peter Bent Brigham

Fifty-one years ago, when the Peter Bent Brigham Hospital first opened, they instituted a custom of appointing chiefs-of-service pro tempore. Nowadays the custom has been firmly established and internationally adopted as a successful way to exchange knowledge and experience between physicians and their students around the world.

From May 17-24, Dr. Halsted R. Holman, professor and executive of the department of medicine, Stanford University School of Medicine, served as physician-in-chief pro tempore at the PBBH. Dr. Holman is particularly concerned with immunologic diseases, and he gave a public lecture at the hospital on "The Search for Lasting Homograft Tolerance Specific for Donor Tissue." He also led the medical schedule of ward rounds, x-ray conferences, teaching and research.



Generally, the level of research is brought up cerebrally, rarely mechanically. Children's felt the work in the Ida C. Smith Building was too important to halt, so they jacked up the 600-ton structure two stories for additions below.

Children's Has New Hyperbaric Chambers

The Children's Hospital Medical Center has received \$339,500 from the National Heart Institute to construct a complex of high-pressure oxygen chambers to be used in surgical and medical research. It is expected that the chambers will be completed and in use within a year.

The grant was awarded to William F. Bernhard, clinical associate in surgery at the Medical School and associate in surgery at the Children's Hospital. He has performed heart surgery on 60 patients, most of them infants, in a high pressure chamber leased from the Harvard School of Public Health to Children's. Dr. Bernhard's experience in heart surgery is considered to be greater than that of any other doctor in that field.

The new chambers will enable research to be done on the effects of hyperbaric oxygenation on the heart and lungs, hyaline membrane disease and other medical-physiological areas. The facility will consist of three interconnected chambers: the surgical chamber, or operating room, which can be pressurized and will be the largest of the units; another chamber for treatment of such conditions as gas gangrene and carbon monoxide poisoning; and a third unit, which will be a recompression chamber for treatment of decompression sickness (bends). The whole complex will occupy a 75 by 50-foot room in the sub-basement of a building now being constructed at Children's.

Editor's Note: In the Spring, 1964, issue of the *Harvard Medical Alumni Bulletin*, the editors failed to include a copyright line for the pictures on pages 36 and 37; these are copyrighted by Parke, Davis & Company.

New Biological Math Program

A new pilot program on biological mathematics was offered by the Medical School this summer at the Peter Bent Brigham Hospital from June 22 — July 12, 1964. Offered as an opportunity for experienced biologists to strengthen and extend their knowledge of the subject, the program has been made possible by a grant of \$21,000 from the National Science Foundation.

Under the supervision of Dr. Anthony F. Bartholomay, assistant professor of mathematical biology in the department of medicine and head of the biomathematics laboratory at the Peter Bent Brigham Hospital, the newly created program will afford biologists intimate contact with mathematics and computers. Thirty-five experienced biologists are scheduled to participate in the program, and basic courses were offered, each gauged to the individual applicant: elementary mathematics; introduction to biometrics; with one advanced course for exceptional cases entitled, "Advanced Reading in Mathematical Topics."



The Harvard Medical Chorus

The Harvard Medical Chorus, which wound up its spring season with two performances of "A Concert of Psalm Settings," will reopen next fall with a rehearsal on Tuesday, Oct. 6, 6:00 p.m., at the Boston Lying-in Hospital. Miss Emily Romney will continue to conduct the Chorus, and new members are always welcome.

Regional News

Harvard Medical Society of New York

The Society met at the Harvard Club on Thursday, May 7, 1964. One-hundred-twenty members and guests were present. Dr. Otto Billo presided. The secretary-treasurer noted that the balance on hand was \$5,559.44 and after paying the expenses of the evening's dinner, balance should be approximately in the range of \$4,000.

Dr. Robert Darling, chairman of the membership committee, presented the nominees for membership and all were unanimously elected:

Frederick H. Allen, Jr. '38	Edward L. Liva '50
John Ayvazian '52	Michael D. Lockshin '63
Lester Grant '55	Marvin E. Perkins '46
Alvin Harris '55	S. C. Sommers '41

Dr. Claude Forkner gave a report on the activities of the funds of Harvard Medicine. Dr. Forkner pointed out that the New York Alumni had only contributed 30% of their goal, while some other cities have achieved over 100% of their financial goal. He urged us all to climb Mt. Harvard. Dr. Forkner, as chairman of the Nominating Committee, presented a slate of new officers to be voted upon. The slate was as follows:

President	Dr. Harvey Collins
Vice President	Dr. Edward Ahrens, Jr.
Secretary-Treasurer	Dr. William Seaman

The officers were unanimously elected. The speaker of the evening, Dr. David Dingman, presented one of the most fascinating and enthralling lectures that it has ever been our privilege to hear. For two hours he presented a colorful description, accompanied by literally hundreds of beautiful colored lantern slides of the trials, tribulations, despairs, and triumphs of the American conquest of Mt. Everest. Despite the longest talk that has ever been given at the Harvard Medical Society, the members were on the edge of their chairs all evening. It was truly a memorable occasion in the annals of this Society and will set a pattern for future speakers.

The Rocky Mountain Chapter

The Rocky Mountain Chapter of the Harvard Medical Alumni Association held its 15th Annual Harvard Lecture in Denver, Colorado, on April 16. William V. McDermott, Jr., '42, spoke on the topic "Hepatic Encephalopathy and Ammonia Metabolism." Following the lecture a group of ten Colorado and one Nebraska alumni met with Dr. McDermott for dinner and an informal discussion of the HMS curriculum changes and the new Countway Library. F. Henry Reynolds '32 has retired as president of the group and been succeeded by Carl H. McLauthlin '41, with Robert G. Chapman '51 as secretary-treasurer.

NAMED ENDOWED PROFESSORSHIPS

ESTABLISHED SINCE 1960

Faculty of Medicine, Harvard University

A CONSTELLATION OF NEW, fully endowed, named professorships has been established at the Harvard Medical School in the past four years. Although *The Bulletin* has reported each chair, piecemeal, during that time, its presentation of the complete list may be of interest to Alumni.

PROFESSORSHIP, 1960

PRESENT FUNCTION

Elsie T. Friedman Professor of Pathology*	To serve in Harvard's Department of Pathology at the Peter Bent Brigham Hospital where he is simultaneously Pathologist-in-Chief
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Gustave J. Dammin, M.D.

Elsie T. Friedman Charitable Foundation of Boston

Stanley Cobb Professor of Psychiatry and Psychobiology

Peter B. Dews, M.B., Ch.B., Ph.D.

Friends and colleagues in honor of Dr. Cobb, Bullard Professor of Neuropathology, *Emeritus*

To serve in Harvard's Department of Psychiatry at the Massachusetts Mental Health Center with emphasis on strengthening psychiatry through fostering closer relations with the medical and behavioral sciences

1961

Herrman Ludwig Blumgart Professor of Medicine

Howard H. Hiatt, M.D.

Friends, colleagues and trustees of the Beth Israel Hospital in honor of Dr. Blumgart, Professor of Medicine, *Emeritus*

To serve as Head of Harvard's Department of Medicine at the Beth Israel Hospital where he is simultaneously Physician-in-Chief

Bronson Crothers Professor of Neurology

Charles F. Barlow, M.D.

The Children's Hospital, in honor of the late Dr. Crothers, Clinical Professor of Pediatrics, *Emeritus*

To serve as Head of Harvard's Department of Neurology at the Children's Hospital where he is simultaneously Neurologist-in-Chief

*The President and Fellows of Harvard College, upon the recommendation of the Dean of the Faculty of Medicine, have the power of naming the particular areas of medicine or medical science that these chairs will represent. The initial field has been agreed upon in each case by the donor and the University.

Harriet M. Peabody Professor of Orthopedic Surgery <i>William T. Green, M.D.</i> New England Peabody Home for Crippled Children (Boston)	To serve as Head of Harvard's Department of Orthopedic Surgery at the Children's Hospital where he is simultaneously Orthopedic Surgeon-in-Chief (The gift from the New England Peabody Home for Crippled Children made it possible to establish Dr. Green on a full-time basis)	1963 Robert Henry Pfeiffer Professor of Physiology* <i>A. Clifford Barger, M.D.</i> Gustavus and Louise Pfeiffer Research Foundation (New York)	To strengthen teaching and research in the fields of cardiovascular and renal physiology in Harvard's Department of Physiology
Alvan T. and Viola D. Fuller-American Cancer Society Professor of Radiology <i>Henry I. Kohn, M.D.</i> American Cancer Society and its Massachusetts Division — first instance of capital giving by publicly supported health agency	To serve in Harvard's Department of Radiology and direct the experimental study of radiation therapy in the newly-established Shields Warren Radiation Research Laboratory at the New England Deaconess Hospital	Louise Foote Pfeiffer Associate Professor of Embryology* <i>Elizabeth D. Hay, M.D.</i> Gustavus and Louise Pfeiffer Research Foundation (New York)	To strengthen teaching and research in the field of embryology in the Department of Anatomy
1962 Bullard Professor of Neuroanatomy <i>Sanford L. Palay, M.D.</i> Bullard Bequests since 1906	To strengthen teaching and research in neuroanatomy in the Department of Anatomy	Gustavus Adolphus Pfeiffer Professor of Pharmacology* <i>Otto Kraye, M.D.</i> Gustavus and Louise Pfeiffer Research Foundation (New York)	To serve as Head of Harvard's Department of Pharmacology
Bullard Professor of Psychiatry <i>Jack R. Ewalt, M.D.</i> Bullard Bequests since 1906	To serve as Head of Harvard's Department of Psychiatry at the Massachusetts Mental Health Center where he is simultaneously Superintendent	Andelot Professor of Biological Chemistry* <i>Claude A. Villee, Jr., Ph.D.</i> Lammot duPont Copeland, President of E. I. duPont de Nemours & Company	To strengthen teaching and research in the field of reproductive biology at Harvard Medical School with special reference to the biochemical mechanisms involved
Adele Lehman Professor of Bacteriology and Immunology* <i>Bernard D. Davis, M.D.</i> John L. Loeb, Overseer of Harvard College; Adele and Arthur Lehman Foundation	To serve as Head of Harvard's Department of Bacteriology and Immunology	Robert Winthrop Professor of Neurophysiology and Neuropharmacology* <i>Stephen W. Kuffler, M.D.</i> Robert Winthrop, senior partner in New York investment firm of Wood, Struthers and Winthrop. Second chair to be established by Harvard to honor the distinguished Massachusetts family.	To strengthen teaching and research in the fields of neurophysiology and neuropharmacology at the Harvard Medical School
Joe Vincent Meigs Professor of Gynecology <i>Howard Ulfelder, M.D.</i> Friends, colleagues, associates and former patients in honor of Dr. Meigs, Professor of Gynecology, <i>Emeritus</i>	To serve as Chief of Staff of the Vincent Memorial Hospital and Chief of Gynecology at the Massachusetts General Hospital in Harvard's Department of Surgery there	Kate Macy Ladd Professor of Obstetrics <i>To be appointed</i> Josiah Macy, Jr. Foundation (New York)	
Edith M. Ashley Professor of Orthopedic Surgery* <i>Joseph S. Barr, M.D.</i> Permanent Charity Fund, Inc. (Boston)	To serve as Head of Harvard's Department of Orthopedic Surgery at the Massachusetts General Hospital, where he is simultaneously Chief of the Orthopedic Service, on a full-time basis.	James L. Gamble Professor of Pediatrics <i>To be appointed</i> Family, colleagues and former students in honor of the late Dr. Gamble, Professor of Pediatrics, <i>Emeritus</i>	



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speakers, he produced two hooks — a small dura hook and an enormous boat hook — warning that the first would be flung down to indicate when time was running out, and the second if the speaker dared to dawdle after that. The latter must have had a salutary influence — it was not used.

During the annual Alumni meeting, Herrman L. Blumgart '21 took over his duties as president of the Harvard Medical Alumni Association, and William R. Pitts '33 retired from office. John D. Stewart '28 was named president-elect. Bradford Cannon '33 retired as treasurer, and William V. McDermott, Jr., '42, was elected for a three-year term. Those elected to three-year terms as members of the Association's Council were: Edwin B. Dunphy '22, Ernest Craige '43A, and Herbert D. Adams '29. Eben Alexander, Jr., '39 presented Dr. Berry with the 25th Reunion Class gift of \$70,557.

The afternoon symposium, entitled "Harvard's Contribution to the Study of Transplantation," was moderated by Francis D. Moore '39, and the following physicians gave their papers: Albert H. Coons '37, "Immunological Paralysis"; John P. Merrill '42, "Patient Selection"; Paul S. Russell, John Homans Professor of Surgery, "Histocompatibility Selection"; Joseph E. Murray '43B, "Choice of Immuno-Suppression in Kidney Transplantation"; and Anthony P. Monaco '56, "Biologic Approaches to Recipient Treatment."





Why Boys Leave Home

"... Our class (1939) may not have travelled any more than (their) predecessors, (but) they probably have much more ... interest in things international ...," observed Guy S. Hayes '39. Dr. Hayes, who is assistant director of the medical and natural sciences program of the Rockefeller Foundation in Cali, Colombia, went on to predict that "the present graduating class, by ... their 25th reunion in 1989, will have ... twice to three times as many members who have practiced, studied, or lectured abroad as we had ..."

"There are many good reasons why people go abroad ... For the medical profession ... there are a variety of disease entities and infectious agents that are not commonly found in the U.S. ... (and even though) a professional ... may abhor the idea of living abroad, ... science is of itself sufficient motivation. (There is also) a challenge confronting U.S. medicine today in helping to solve the health problems of the emerging nations ... (and) a growing realization that these problems are our problems in that they have a direct or indirect effect on our own well-being. Like it or not, we are being counted on for help, and we are already in the foreign field up to the hilt. Those who participate in the effort need not be motivated either by missionary zeal or by a holier-than-thou attitude of sacrifice; ... it is 'simply a self-fulfilling urge to take part in the progress of the rest of the world.'

At this point Dr. Hayes digressed about the obstacles that face the boys who leave home. "... As Americans we are susceptible to one rather unique type of shock. We tend to expect everyone to be grateful to us for our foreign aid program and it comes as a rude awakening when ... individuals are indifferent, resentful, or even openly hostile. It may be more blessed to give, but to receive gratefully is much more difficult ... In this sense our foreign aid program is in a dilemma, because we are damned if we do and damned if we don't.

"The number of opportunities in private, government and international agencies for physicians to work abroad has soared in recent years, and U.S. medical schools are becoming increasingly embroiled ... I am convinced," he concluded, "that the earlier the exposure, the deeper the bug bites and the more chronic the itching foot ... Shortly after graduation ... I succumbed to an unexplained hankering to see the Balkans ... Twenty-one years, seven foreign assignments, six children and four revolutions later, I would do it all over again."

Our First Four Years ...

"If medical school is to aspire to anything more than trade or technical instruction," stated Paul A. Battenwieser '64, "it must be a part of a university setting, and should continue the essentially liberal arts education that has been the feature not only of our first 16 years of schooling, but of our whole lives to date ... President Pusey, in a baccalaureate address several years ago, spoke of the course in moral philosophy that was the heart of a college education in past centuries. He felt that this course, although not a formal part of the curriculum, still forms part of the college experience ... I respectfully disagreed, feeling that moral philosophy was no more to be found at college than in any other part of the life of a person attuned to moral problems.

"I do think, however, that it is an important theme, though often understated, in our medical education ... in the effort to develop attitudes of concern for people and their continuing welfare ... in what we learn about respect for people, and the limitations which our forays into their physical and emotional privacy must have. These attitudes ... must pervade in our





dealings with people in general, as citizens, friends and members of a family, (and they) are shaped in many ways: by reading, lectures, examples of thought, conduct observed in others, . . . advice and our own experiences . . .

"Medical ethics are not taught . . . their place in medical education is ultimately in the clinical experience . . . The climax of medical school was . . . the clerkships, particularly in medicine and surgery . . . I found my clerkship in medicine at the MGH . . . an exhilarating . . . experience, . . . a sudden and dramatic widening of life and education . . . Thinking back, I do not recall the pathology I saw, but the people — the patients, nurses, student nurses, those who run the emergency ward, and most of all, the big interns and residents, led by a man we all considered to be the incarnation of the concept of chief residency, Dr. Hibbard Williams. It is often pointed out that the strength of a medical school lies in its faculty, students and alumni, but I also include the house staffs of the teaching hospital on the list . . . They provide the standards of integrity, commitment, and compassion by which we come to judge ourselves . . .

"In no other form of education or apprenticeship do so many people participate in the teaching effort. But no . . . gratitude will be nearly as eloquent as honoring the lessons we have been taught."

The Metastasis of the Surgeon

"A remarkable metastasis and metamorphosis of the surgeon has taken place in the past century and . . . I have been caught up in it," announced Dr. Herbert D. Adams '29, president, director, and treasurer of the Lahey Clinic. "The surgeon's basic art has changed from supportive and eradica-tive surgery to complex, reconstructive, physiochemical readjustments and total replacement surgery . . . He has changed from a rugged individualist standing alone with total and absolute responsibility for the patient . . . to a highly skilled specialist surrounded and supported by teams of highly skilled technicians, machines, and complex instruments, which, in a way, are gradually obscuring his identity."

To the earlier surgeon, he said, ". . . time and speed were all important . . . because he could not depend on prolonged anesthesia, . . . he did not have the equipment and means for supporting the vital physiological processes for long periods of time, . . . and the specter of infections hovered heavily over every operation." It was the evolution of the anesthesiologist into the physiologist, Dr. Adams felt, that made a vast difference in the surgeon's responsibility and methods during complicated procedures.

Since medicine has changed so much since Dr. Adams began surgery, he feels it possible that ". . . one day surgeons may not be necessary and even out of a job." He explained that the advent of antibiotics has changed the management of all types of infection, particularly in its late stages, when surgery was the only hope of a cure. Even though many new fields of complex surgery have opened up, such as thoracic, esophageal, and cardiovascular surgery, the total volume of surgery has been reduced by "the in-roads of medical research and the discoveries of other forms of effective treatment and prevention." Dr. Adams does not see a reversal of this trend, either; for "what will be the impact on surgery of the future when such large volume diseases as carcinoma, peptic ulcer, ulcerative colitis, goiter, calculus, acquired vascular disease and metabolic diseases have been eliminated from the lists of operations by discoveries of the exact etiologies and cured or prevented by medical measures?"

"I am sure the surgeon will still have much to do, particularly in . . . complex reconstructive and replacement surgery, but we must be extremely careful not to exaggerate, confuse, or misapply these amazing new concepts of treatment to the detriment of the patient and . . . to those who are learning our art . . ."



Rocky Mountain Medicine

"Medical manpower studies . . . have made it abundantly clear that the annual production of physicians in the U. S. is by no means keeping pace with the population growth. . . . The situation in the West (the 13 states comprising the Mountain States and the Pacific States) is even more critical than for the country as a whole, for several reasons. . . . With 14 per cent of the country's population, (it) has been educating only 9 per cent of the doctors . . . The population of the West is growing much more rapidly than the U. S. as a whole so that by 1975 it will have 20 per cent of the population . . .

"In 1959, when the Bane Report appeared, there were 9 medical schools in the West. Eight of the states had (none) . . . The nine medical schools, six of them state schools and three private, were admitting a total of 544 freshman medical students a year. In that same year 886 residents of Western states were entering medical schools throughout the country. In other words, more than 37 per cent of Western students were receiving their medical education outside of the West . . .

"As you are well aware, the percentage of high school graduates who go on to college is increasing every year . . . and the percentage of college graduates who go on to medical school is decreasing; . . . the figure had dropped by 1960 to 1.5 per cent . . . This may be ascribed to a growing competition with other graduate and professional fields, (for) a few years ago . . . the total number of Ph.D.'s awarded exceeded the number of M.D.'s for the first time. Taking all these factors into consideration Dr. Kevin Bunnell has estimated the 1970 figure for entering freshman medical school students from the West to be about 1500. By 1980 the figure may well be 2500.

"How is the West going to meet this huge demand? . . . Three new schools have already been authorized: a two-year school in Albuquerque, New Mexico, presided over by Reginald H. Fitz '45, which opens this Fall; a four-year school in Tucson, Arizona, and another four-year school in San Diego, California, where Joseph Stokes 3d, H.M.S. '48, is the Dean. In addition satellite medical schools are planned at Davis, Irvine, and Berkeley, California . . . as two-year schools which will feed into the main medical centers at San Francisco, Los Angeles, and San Diego. In time some or all of these may develop into four-year schools. (As to) plans for future expansion, . . . the indications are that . . . freshmen medical school places will, in the West, increase from a 1962 figure of 806 to 1183 by 1970 and to 1630 by 1980 . . . (This) will . . . only . . . provide openings for about 60 per cent of the Western residents entering medical school, as is the case at present. If our projections . . . are correct, the West will continue for many years . . . to depend on the rest of the country for a substantial share of the medical education of its residents . . . (particularly) upon privately supported medical schools . . .

"At the present . . . Idaho, Montana, Nevada and Wyoming . . . have no medical school. Although these states are contiguous, . . . there is very little economic interdependence . . . None of these . . . has the population to justify or the resources to support a medical school of its own. And yet . . . they have an aggregate population of two million and a total personal income and tax base approximating that of Colorado, which supports a first rate medical school.

". . . If the four states could get together they could support jointly a regional medical school geared to their specific needs . . . however, . . . none of the Universities in the four states are located in metropolitan centers large enough to furnish a suitable milieu for a four-year medical school with its teaching hospital; . . . there is not a single internship or residency program



in the region, and, related to this, there are no organized out-patient departments . . .

"(However,) as far as medical practice is concerned, they get along very well indeed (without medical schools or house officers). Certainly in the larger centers the quality of medical practice is on a par with that seen in many teaching centers. In some cities well-organized group clinics are playing a leading role in maintaining high standards, and in others this appears to be entirely a hospital staff activity. In the larger cities there are usually two hospitals: a community hospital and a Catholic hospital. In almost all cases both hospitals are served by the same medical staff regardless of religious affiliation. In smaller communities the two hospitals often share a radiologist and a pathologist between them . . .

"In the absence of interns and residents the physicians have tended to rely on nurses . . . The nurse is also being used in doctors' offices in an interesting way. In a preliminary interview before seeing the doctor she helps the patient to formulate his complaints into a cogent history. After the patient has seen the doctor she makes sure that he understands what the doctor has told him . . . Such devices as these, including the use of medical technologists and other auxiliary personnel, have helped to make up for a relative shortage of physicians in the area, most of (which) . . . have migrated from outside. They are attracted by the outdoor life . . . as well as by the professional opportunities, which are excellent.

"Although the doctor/population ratio in the states of Idaho, Montana, Nevada and Wyoming is well below the U. S. level, it is (not) reflected in mortality statistics.

"The rationale for supporting . . . a regional medical school for the northern Rocky Mountain States would seem to lie more in the desirability for the residents of these states to get a medical education than . . . in getting more doctors to practice in the region.

". . . Approximately 80 students a year (are now) entering medical schools from the four state area. This is smaller than would be expected from the population of the region (for) the ratio of applicants to acceptances from these states is at or about the national levels. Thus it is obviously a matter of fewer applicants. A partial answer is (that) . . . more than half of them go to private schools and half of them go outside the West . . . Unquestionably, high tuition and high travel expense have acted . . . (to) keep residents of the region from studying medicine.

". . . Since 1953, an exchange program operating under the Western Interstate Commission for Higher Education . . . has to some degree mitigated the lot of the would-be medical student from a state without a medical school. This plan . . . provided for admission of qualified applicants from Western states without medical schools to Western medical schools on payment . . . of \$2000 a year for each student accepted, the student paying the regular in-state tuition . . . (It) could be effective only so long as the Western medical schools had room . . . (for) out-of-state students. That day is rapidly vanishing.

"It appears obvious that the states without medical schools will have to face up realistically to whether they are prepared to assume the cost of medical education for their people or whether to leave it as a privilege of the well-to-do . . . They could probably meet this in the beginning . . . by entering into contracts with states which are building new medical schools or are in process of expanding existing ones, for if the operating costs of the extra places created are fully met by the subsidization of out-of-state students, these states could meet their responsibilities for medical education for at least a decade. By that time the growth of population and the development of the burgeoning graduate departments in the universities of the region itself might justify consideration of an indigenous venture in medical education . . ."





Harvard at the Boston City Hospital

"(In) 1860, a seven acre tract in the South End, owned by the city, was appropriated for a City Hospital. . . . Never a fashionable section, the South End slipped into a lodging house area after the Panic of 1873. But in 1864, when the hospital was completed, it represented one of the few areas of planned street development in Boston, with enclosed gardens resembling Louisburg Square. Already well past the Bulfinch era, the architecture of the hospital when erected was reminiscent of the style of the French Second Empire. Facing Harrison Avenue, two parallel pavilions with two tall stories plus a lower third under a mansard roof were connected at their ends to a central building by curving colonnades. This central building upheld a towering and handsome dome providing daylight for an operating amphitheatre with seats for students . . . Alas, the noble dome and its building are gone to become employees' cafeteria and kitchens, and the open end of the inviting courtyard is blocked in more than one sense by the administration building. Gone under the blacktop of the parking lot are the late Superintendent's war-time vegetable garden, and, mercifully, its fly-blown manure piles. Never realized were the original benefactors' dreams of 'gardens in due season . . . laid out and planted for the recreation of convalescents. Roses and lilachs, the plash of fountains and the warble of birds will make that exercise agreeable which is essential to speedy cure . . .'

"From the beginning Harvard has played a role at the City Hospital. With 200 beds for medical, surgical and ophthalmological patients (one for every thousand of Boston's then inhabitants), a distinguished physician, John Homans '15, became the first chairman of the visiting physicians and surgeons; and Dr. David W. Cheever, at 33 its youngest member, shortly performed the first surgical operation. As the graduating class of the Harvard Medical School had largely entered the Union Army and Navy services, the hospital staff chose five undergraduate students as house officers. Each subsequently became an outstanding physician, and at least two became internationally famous.

"A great city hospital is perforce for the sick poor like Robert Frost's words about home ' . . . the place where, when you have to go there, they have to take you in.' There are, however, exceptions. For many years the House Rules stipulated that patients judged to be incurable were not to be admitted unless acutely ill. Again, "No person having an acute venereal disease or alcoholism shall be admitted except as a paying patient." The latter aphorism seemingly recognized the right to demand an advance payment on the wages of sin. Perhaps it should be modernized by adding 'cigarette smoker's cough.' For the most part the hospital's patients have lived in the adjacent districts of the South End, South Boston, Roxbury and Dorchester, to which a rapidly expanding population was first drawn from Ireland by the great potato famines. Then came immigrants from Southern Europe, though not as many as to the North End; and during the past two decades Negroes from the South and in recent years, Puerto Ricans, themselves displaced a second time from Manhattan. To assist in their adjustment to illness, a social service department was opened in 1914, only nine years after that of the Massachusetts General Hospital . . .

"Before 1865 the Harvard medical faculty consisted of eight professors. It increased to ten with nine assistants when teaching of undergraduate students began at the City Hospital under four instructors, Drs. J. N. Borland (medicine), C. E. Buckingham and David W. Cheever (surgery), and H. W. Williams (ophthalmic surgery). In 1865 the winter term ran through November to March and cost the student \$120. Clinical instruction at the City Hospital consisted of six hours (or more), a week, including a medical



lecture and visit and a surgical visit and clinic, plus attendance at operations. There was also an ophthalmic clinic. In the Harvard Catalogue of 1868-69 the stethoscope is first mentioned, and in the next year, the microscope. 'Little writing was done by the busy practitioners. They looked after sick people . . . while the men of small practice did the writing.' In 1871, . . . the medical school became an integral part of Harvard University, and by 1880 ward visits for students were made by eighteen different physicians . . . In 1872 Dr. F. I. Knight began to give instruction in auscultation and percussion to groups of undergraduate as well as graduate students . . .

"In 1906 Dr. Frank B. Mallory, then pathologist at the City Hospital, in an article describing "The Present Needs of the Harvard Medical School" pointed to the pressing lack of endowment in clinical departments to provide salaries large enough to permit clinical teachers to give all of their time to their hospital work . . .

"Nevertheless, . . . it was 1923 when, jointly supported by hospital and medical school, the essentials of the present Harvard Medical Unit came into being. Composed of the fourth medical service and the Thorndike Laboratory, it provided clinical and research facilities for the addition of a small full-time staff under Dr. Francis Peabody. In 1925, the Harvard neurological unit began to take shape under Dr. Stanley Cobb, and moved to its present quarters in the New Medical Building in 1930. In 1928, Dean Edsall also obtained funds with which to begin a full-time Harvard surgical unit under Dr. Edward D. Churchill, with research laboratories attached to the fifth (Harvard) surgical teaching service, then headed by Dr. Irving Walker. Unfortunately, young Dr. Churchill's advent was coolly received by the senior surgical staff of the hospital, and in 1930, when it became evident that no further progress was then possible, he returned to a great career at the Massachusetts General Hospital. In 1942 a less than titanic proposal by Harvard ran into a solid surgical iceberg and sank, leaving no trace of Harvard surgical teaching for the next 13 years. It was not until 1955 that a Harvard surgical unit, including the Sears Laboratory for Surgical Research, was established on a full-time basis under Dr. J. Englebert Dunphy. In 1956, under Dr. Benjamin Tenney, Jr., the gynecology and obstetrics service became, for the first time, a full-time Harvard-affiliated enterprise, and is now continuing its responsibility for teaching the ways and the woes of the womb to undergraduate students from all three medical schools under the able direction of Dr. Brian Little. In 1957, Dr. Edward H. Kass, with a Harvard appointment as associate professor of bacteriology and immunology, assumed full-time responsibility for service, teaching and research activities in these disciplines as associate director of the Mallory Institute, while continuing as a member of the visiting staff of the Harvard Medical Services. Although the late Dr. Max Ritvo, assistant clinical professor at Harvard, became full-time director of the department of radiology in 1959, the extent of his service responsibilities to the hospital prevented him from giving more than a fraction of his time to the educational needs of each of the three medical schools. Eventually in 1957, the hospital trustees voted to establish an independent psychiatry service under Dr. Philip Solomon who, as associate clinical professor of psychiatry at Harvard, now heads a service with ward and outpatient facilities that participates in the teaching of undergraduate medical students at Harvard . . .

"In the house of the City Hospital are many mansions, only some of them dwelt in by Harvard men and women. Our good neighbors there are, for the most part, members of the Boston University and Tufts University medical faculties. All share fully the holistic belief of the hospital trustees expressed in 1899, and since implemented in many ways, that the hospital has a responsibility for education and research as well as for patient care.

(Continued on page 56)



CLASS DAY JUNE 1964

In spite of the annual increase in pace on the quadrangle at the end of May, the Harvard University band on Class Day continued to play "Fair Harvard" at its stately, measured tempo. As usual, the occasion combined a solemnity and fellow feeling that its participants will remember for a long time, and as usual, the children clambered over and through Harvard's wooden folding chairs.

Sixteen members of the 175th class to graduate from the Medical School received honor awards for their work in the last four years. **Adolf W. Karchmer** was given the Harvard Medical Alumni Association Award "in recognition of his all-round ability and well-balanced personality." A member of the Alpha Omega Alpha, Dr. Karchmer was president of his fourth year class and will be its permanent class president. **David O. Carpenter**, member of the Boylston Medical Society, was awarded the Leon Reznick Prize for "showing the most promise in research." The Henry Ashbury Christian Prize "for diligence and notable scholarship" went to **David A. Ontjes**, member of Alpha Omega Alpha. **Elizabeth W. Frederick** graduated with two honor awards: the Massachusetts Medical Society Prize for "the medical student who seemed most notably to have developed the intangible qualities of The Good Physician;" and the James Tolbert Shipley Prize for "research, the results of which have been published or accepted for publication." **John J. Hutton, Jr.**, and **Albert R. Keller**, member of Alpha Omega Alpha, received the James Tolbert Shipley Prize for Research. The Borden Undergraduate Research Award in Medicine was awarded to **Samuel A. Latt**, member of the Boylston Society and the Alpha Omega Alpha, for his "original research." **Robert S. Lawrence**, member of the Boylston Medical Society, was given the Maimonides Award of the Greater Boston Medical Society "for integrity, perseverance, courage and force of example." Recipients of the Boylston Medical Society Prize "for excellence in medical dissertations" were **Edward R. Wolpov**, first prize; **Peter C. Block**, second prize; and **Dale Purves**, third prize.

The Harvard School of Dental Medicine presented the following honor awards to its 95th graduating class: the Harvard Dental Alumni Gold Medal "for all-round scholastic excellence" went to **Zygmunt Poczatek**, the Harvard Odontological Society Award "for the best senior student seminar" to **Lawrence W. Stark**, the Dr. Norman B. Nesbitt Medal "for excellence in the field of dentistry" to **A. Talbot Hodge**, and the Grace Milliken Award "for the outstanding paper in the field of dental health" to **William S. Falla**. **Zygmunt Poczatek** and **A. Talbot Hodge** were named to membership in the Gamma Gamma Chapter of Omicron Kappa Upsilon, national honorary dental society.

Coincidentally, the talks presented at Class Day were excellent complements. Beginning at opposite ends of the same fulcrum, **Dale Purves '64**, class historian, traced the pitfalls of idealizing his future profession while **George F. Cahill**, assistant professor of medicine and director of the Baker Clinic Research Laboratory at the New England Deaconess Hospital and the new **Elliott P. Joslin Laboratory**, warned against competing with mere machines. Both arguments turned upon the same axis: the folly of trying to be more or less than human.



Elizabeth W. Frederick '64

Langdon Parsons '27 . . .



"Our Ideas Must Agree With Realities..."

"Most feel a medical education consists of a process of accumulation," stated Dr. Purves in his talk entitled "The Other Side of a Medical Education." "Neglected, however, is a simultaneous process of equal importance — (of) abnegation, (in which) the medical student gradually disentangles himself from a cumbersome burden of medical mythology with which he was saddled on his arrival . . .

"In spite of the diversity, there was a coherence in (our) class . . . All of us had firm convictions about the meaning of medicine and being a physician, with little or no exposure to the facts of the matter — and while these private myths no doubt differed in detail, a pervasive romanticism surrounded the career we were embarking upon.

" . . . This myth of the infallible clinician shared equal importance with the myth of the select student . . . , (and the latter) led to the logical inference that we must be . . . fortunate to be a part of . . . the best of all possible medical worlds . . . It did not take us very long to, if not entirely disabuse ourselves of these ideas, at least hold them highly suspect . . ."

Moreover, with the local and national examinations at the end of the second year, he explained, before which "the myth of the select student had not been entirely abandoned, . . . we were surprised at the sizable percentage of medical students across the country who had outdone us . . .

"The step from the quadrangle to the hospital proved a long and difficult one . . . the expectation was that we would simply walk onto the wards and begin sharing the responsibility of curing the sick . . . We became known as the 'young doctors,' a euphemism that eventually seemed more a pejorative than otherwise. It referred to a person who was neither a student nor doctor, but one who existed in a limbo between the two worlds which seemed to have the disadvantages of each. The glamour of



Dale Purves '64

the wards was hidden by hard work, routine, and ungrateful patients. Diseases which had been exciting in their newness often became prosaic after repeated exposure. Psychiatry, which seemed reasonably logical in the textbook, became hopelessly complex when face to face with a schizophrenic. And the clinicians we had admired so much from afar lost stature as we worked more closely with them — we saw they could make mistakes, be pompous or even unsympathetic . . . Gradually we learned the obvious, that the objects of our romantic aspirations were only human beings and that the edifice of medicine was no more or less subject to human folly than any other.

"It must seem surprising, then, if such a story of disenchantment is true, that we have not quit medical school and gone into a less distressing pursuit . . . I suppose it is simply that even stripped of the false finery in which we sought to dress them, medicine and Harvard Medical School retain an impressive if less gaudy appeal. There is no part of the curriculum . . . to teach us which of the preconceived fancies we bring with us to medical school will prove useless . . . , yet we learn these just the same . . . This knowledge is no less a part of the medical education than learning to diagnose and treat disease and the failure to learn it no less a detriment to becoming a useful doctor."

Dr. Purves concluded his remarks with the following quotation by William James:

Between the coercions of the sensible order and those of the ideal order, our mind is tightly . . . wedged. Our ideas must agree with realities, be such realities concrete or abstract, be they facts or be they principles, under the penalty of endless inconsistency and frustration.

. . . Adolf W. Karchmer '64





"Don't Look Back, Someone is Gaining on You..."

If the doctor is less ideal than the entering student's expectations, Dr. Cahill feels quite strongly that he will also never be "a machine which is potentially limitless in its retention of facts." "Already there are, or soon will be," he stated in his address entitled "Physicians or Machines," "machines which interpret electroencephalograms, electro-cardiograms, machines which can take logical histories or assemble numerous clinical and chemical facts into a syndrome . . .

"It's depressing to point out that you can't truly expand your overall intellectual capacity. You can only strive to make more efficient what apparatus you already have . . .

"Fifty and 100 years ago, medicine was so much simpler . . . The young doctor strived to become a physician in the classical sense of the word. He learned the subtleties of dealing with the most complex of organisms, fellow man. He was primarily interested in the patient's well-being; his mind wasn't cluttered with the . . . numerous trivia of modern day medicine . . . The doctor . . . was a leader in society. I don't think we can say the same thing about the physician's status today, in spite of the fact that he is the most capable product ever prepared to practice scientific medicine.

"Let me digress. . . . Several years ago as a Senior Resident at the Peter Bent Brigham Hospital, I was making rounds on the female medical ward, with two house officers and a fourth year student. The latter was a nice fellow, no intellectual star, but competent and dependable. We were discharging a little lady, an immigrant from Russia, who had just survived a horrible series of complications following a myocardial infarction. We told her to return to the outpatient department in two weeks to see one of the house officers, an HMS product like yourself, who has since gone to the National Institutes of Health where he is publishing at an exponential rate superb paper after paper. The lady . . . pulled me aside and asked if she might speak to me later.



George F. Cahill, Jr.



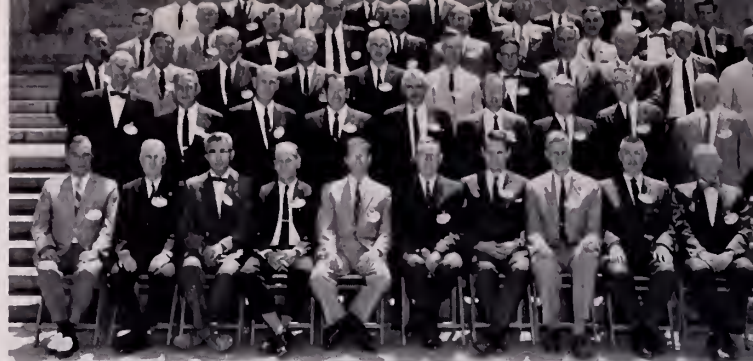
"After rounds, I went back, and she said 'Can't I see the younger learning doctor (meaning the HMS IV); the other doctor knows all about my numbers, my heart electric workings, my parakeet at home, and how Aunt Sophie died; some day he will be the great professor.' She continued, 'the learning doctor (HMS IV) can look up my troubles in books or can ask someone else when he needs help, but I think he really wants so much for me to get better' . . . This lady was so correct. The house officer was brilliant according to one set of standards, and yet how inadequate by another.

" . . . You arrived here 4 years ago with a brilliant undergraduate record, you have since amassed a plethora of medical facts, but how proficient are . . . you in your ability to deal with people with compassion and understanding? *I wonder if some of you might even have lost ground in this capacity?* The hustle and impersonality of medical school unfortunately do not provide fertile soil where these qualities can easily grow. In general, the majority of your teachers have climbed the academic ladder thanks primarily to their research capabilities and their service to the department chairman. Fortunately, the pendulum appears to be swinging back. Nevertheless, you have been exposed to many individuals, as you are well aware, who may not exemplify the most ideal characteristics of the physician. The internship environment, you can imagine, may even be worse . . . Simply and frankly, these personal qualities cannot be didactically taught to you even if there were time in the curriculum. They must be developed by you, and only through patience, introspection, humility, integrity, and obviously self-sacrifice . . . These qualities . . . can be pushed aside even by the best of us, so we must maintain a continuous, conscious concern of our obligation to the patient as friend and counselor, to be really a physician and not a machine . . .

"Don't look back, someone might be gaining on you. As far as correlating factual knowledge is concerned, the machines certainly are gaining, and soon they will catch up. But it's going to be a long time, however, before one can develop a close personal attachment for an expensive heap of metal, glass and wires, before a machine can show empathy (a really wonderful word), before a machine can exhibit guilt and concern over its inadequacy. So why should you, graduating class, devote yourself completely to competing with a machine?"

Photos for Alumni-Class Day by W. H. Tobey and Herman Goslyn





REUNIONS

'14 Donald Munro

The survivors of that group of earnest students who graduated from HMS in 1914 met for the 50th time to do honor to the occasion and to each other.

The School setting was enlivened by reports of financing, professional information and amusing lectures, food, fun and fellowship, all of which have gradually been solidified into the Medical School traditions of Alumni Day and Class Day to the great benefit of all concerned.

As a class, we have been fortunate in many ways, not the least of which is the number of members who have survived long enough to look back on their own and their friends' careers with the eyesight of judgment from pinnacles of experience.

In 1914 we started with 76 members. Over the preceeding fifty years, 42 members have died. Most recently, Ward Cook, Jan. 19; Ben Alton, April 19, 1961; Dick Ohler, March 12; Floyd Hatch, Nov. 7; Harry Richardson, Nov. 19, 1963; and George Bachman, Jan. 30, 1964. Grief at the absence of these old and dear friends was only softened by a knowledge of them and their accomplishments which is peculiar to us.

Of the 34 surviving members, 32 sent in the requested class reports, copies of which have been made available and also make profitable perusal (incidentally Sam Levine wrote the valediction).

Seventeen members and eight wives attended the reunion. They were: Aub, Belding, Binger, Brett, Cheever, Cobb, Fay, Foster, Hill, Leavitt, Levine, Louis, Millett, Munro, Solomon, Stoddard and Vernlund. Cheever and his wife came from Hawaii, bringing personal greetings from Withington and Lunt. Millett did the same for Gray and in addition told us details about Harry Richardson's death and last years.

The celebration started Thursday night, May 28th, when Sam and Mrs. Levine opened their home to us and served a delicious dinner preceded by appropriate liquid and conversational stimulus.

Friday, Alumni Day, members and wives attended a morning symposium and lunch. In the evening, having sent the wives off to dinner and the Pops, the pseudo-bachelors and other classmates were given dinner at the Tavern Club, where we toasted those absent or dead. The succeeding conviviality was enlivened by a gift of champagne, and we responded by a telegram of thanks to the donors, who were the 25th Reunion Class.

Those who did not attend the Class Day ceremonies either dispersed to their own homes, to other people's homes, a tour of the country or to resumption of the routine of ordinary life; with the lift given by renewed youth, with greater hope for the future, gratitude to

the staff of the Alumni office and especially to Miss Dorothy Murphy, for the efficient and interested management of the logistics of the reunion.

'19 C. Sidney Burwell

Ninety-five men of this class received degrees in 1919. Many of them began their internships in December of 1918, by permission of the Faculty. Now there are 49 men left of the original 95. Forty-seven of them have been heard from, and 22 appeared for the 45th reunion. Two others were obliged to cancel at the last moment but are vigorous and well. The following brothers were present at the reunion:

Stuart W. Adler
Vernon A. Ayer
C. Sidney Burwell
Joseph P. Derby
Joseph Garland
Phillips F. Greene
James Greenough
Samuel F. Haines
Theodore P. Herrick
Eliot Hubbard, Jr.
Howard B. Jackson

Chester M. Jones
Augustine W. McGarry
William Mason
Ernest O. Nay
Lyman G. Richards
Howard F. Root
G. Gardiner Russell
Francis B. Sargent
Dwight L. Siscoe
Louis C. Stein
Edward W. Wilder

Many members of the class went to various parts of the Alumni Day program, and their picture was taken in front of the Medical School.

The 45th reunion dinner was held at the St. Botolph Club on Friday evening and 22 men and 12 wives attended. The dinner was excellent; the company good. The meeting was called to order by the secretary of the class, Dr. Joseph Garland. He pointed out that the class has had no senior officer since the death of Dr. Joe Meigs. Dr. C. Sidney Burwell was nominated and elected to the post of president of the class.

Dr. Burwell called on two distinguished members of the class to speak: Dr. Howard F. Root and Dr. James Greenough. They spoke pleasantly and informatively. There were no other formalities, but the members of the class greatly enjoyed the company of their classmates and their classmates' wives.

On Saturday, another beautiful day, a considerable number attended Class Day exercises in the Quadrangle and then gathered at The Country Club for a pleasant and informal luncheon. There was no program at the luncheon, but three or four of the returning doctors made voluntary speeches mainly attesting their interest in and loyalty to the Harvard Medical School. It was agreed that the class was looking forward to its 50th.

'24 George C. Prather

Forty-eight members of the Class of 1924, including Al Hurtado from Lima, Peru, and forty-two wives, arrived for the Alumni Day festivities.

During the morning symposium, an excellent act was given by Jim Faulkner of a man suffering from laryngitis as he valiantly made his speech on "Rocky Mountain Medicine." However, such acting took its toll, because he was unable to perform again at the Harvard Club dinner and Ed Cave gave, as his "understudy," a fine speech, after which twelve other members felt obliged to rise to their feet in order to make their own remarks. It was hard to decide whether this was because they really had something to say, or whether they had earlier said too little, but drunk too much. Perhaps it doesn't matter because everyone's remarks were enjoyed. Another feature at the dinner, and one heartily recommended for succeeding reunion classes, were the projected slides of our old teachers, forty years ago, such as William T. Councilman, Richard Cabot, Walter Cannon, Harvey Cushing, Francis Peabody, John Warren and others. It brought back stirring memories. We also reproduced our class album, including photographs taken in our last year of medical school.

A delightful lunch was given by the Faulkners in their Chestnut Hill home, on Saturday. All in all it was one of the best reunions we have had.

'29 Sylvester B. Kelley

Like birthdays, our class reunions progressively become more and more enjoyable. For our thirty-fifth anniversary celebrations, we had perfect weather and a delightful time.

During the morning registration, it sometimes required a second or two to recognize classmates now deprived of hair, coloring, or the slimness of figure they once had; but after a few words, one's ear detected a former classmate.

Forty-four members of our class registered. The out-of-town guests included Barret and Noble from California, Ortiz from Puerto Rico, Rhodes from North Carolina, Rydell from Wisconsin, and Spurgeon and Bright. Illness prevented Hoyt, Sanderson, Stone and Isherwood from attending, while Poindexter was busy with a political assignment, and others sent regrets that they were unable to come.

The Class was proud that Herb Adams was one of the five speakers on the morning program. His talk on "The Metastasis of the Surgeon" reminded us vividly of changes in surgery since we started medical school. Herb won further honor by being elected to the Harvard Medical Alumni Council for a term of three years.

A wonderful evening meeting was held in Wellesley, in the spacious gardens surrounding the home of Herb and Joe Adams. Not a speech was made, but it was one of the most enjoyable gatherings we have ever had. While most of us were occupied with the task of restoring our fluid balance before the evening meal, Tom Dixon alone accepted Herb's invitation to use the pool. But as we stood in the chilly dusk, ad-

miring such fortitude, our host confided that the water in the pool had been heated to 70°! One regrettable omission that evening was our failure to call upon two distinguished guests, Bill Pitts and Lang Parsons, for a sample of their unforgettable wit and philosophy.

Some of us attended the formal Class Day exercises on Saturday, and in the afternoon many of us, with wives, went by bus to Duxbury for one of the best clambakes ever enjoyed. A few stalwarts — the Burches, Nobles and Snedekers — took an ocean dip. We managed to get in a business meeting where Sandy presented his report in absentia, assuring us that our \$500.00, under his control, was intact and increasing at an astronomical rate. Tom Dixon was appointed class historian by public acclaim.

A fitting climax to this reunion was the unanimous election of Miss Dorothy Murphy as an honorary member of the Class of 1929. To her, the staff in the alumni office and members of the 1929 reunion committee, we owe our thanks for a most pleasant reunion.

'34 Richard Warren

A fine showing of 33 couples and 7 singles attended our 30th reunion. The committee decided to reaffirm our perpetual youth by decreeing that the Friday evening entertainment be a dinner dance rather than a banquet with speeches. It was even more fun than the party at The Country Club 5 years before. The baronial gloom of Harvard Hall was never so enlivened.

The highlight of the evening was the delightfully nonsensical report of treasurer Graham. He set our minds permanently at rest concerning the state of our finances. Dancing to Ruby Newman's music lasted until midnight.

Alumni and Class Days have now become such significant occasions that we all remarked on the pleasant change that has taken place in these festivities in the last 30 years. Class Day particularly was impressive with appropriate remarks by Drs. Greep, Cahill and Berry and by various members of the fourth year class, all of which set a high tone to the proceedings. It was particularly pleasant to be able to meet some of the graduating class and their families afterwards, an experience we would have liked to have been on the other end of 30 years ago.

The Warthins' clambake, as usual, was the high point. Ginnie and Tom had their beautiful place on show. Philosopher Finklestein was the focal point of the social maelstrom as he sat in a camp chair reading the latest on Liz Taylor in a tabloid. Slightly less exercise was taken than in previous years and there was no swimming (thermometer about 50 degrees), but no hesitation was noted in the battle of the clams and lobsters nor in the consumption of short chain hydrocarbons.

The frosting on the cake came on Sunday when we were guests of the Harwoods at their new place in Lincoln; there it was shown that the class not only can still

dance but can paddle a canoe in expert fashion. Many thanks to Faith and Reed for this warm innovation that made the weekend complete.

The number thirty for a reunion is not a magic one. It is testimony to the warm feelings of our class members for each other, and for the School, that we had such an excellent turnout. George Heffner came from Fort Lauderdale and the Garbers from Cincinnati, and they were recognized as coming from furthest away at the Friday night festivities by Jack Reidy. We hope to see our brethren from across the Mississippi with us at the 35th.

'39 Donald D. Matson

The 25th Reunion back at Medical School always signals the "half-life" of most physicians. Thus, a group of 50-year-olds, give or take a year or two here and there, returned to a memorable, stimulating, and thoroughly enjoyable celebration in the quadrangle and its periphery. Some demonstrated more hair than others; the available hair appeared grayer in some than others; however, all of the members of the class of 1939 who returned for the weekend festivities were relaxed, more or less alert and oriented, and obviously glad they made this trip. All parts of the country including Hawaii and Puerto Rico were represented, to say nothing of Cali, Colombia, and Brookline, Mass.

At the opening party in Harvard Hall, Thursday evening, one drink led to another until universal reacquaintance was achieved among class members, and new friendships among wives initiated. At the head table as our guests could be found: Dr. and Mrs. C. Sidney Burwell, Dr. and Mrs. Edward Churchill, Dr. and Mrs. Otto Krayner, Dr. John Rock, Dr. William Pitts, president, and Dr. Herrman Blumgart, president-elect of the Harvard Medical Alumni Association, Dr. Lang Parsons, director of alumni affairs, and Miss Dorothy Murphy, director of everything. Our president, Eben Alexander, traced world affairs since 1939 in a series of slides and an ingenious graph. He introduced our own private dean, Dr. Burwell, and our own private pharmacologist, Dr. Otto Krayner, both of whom came to Harvard in 1935 with our class.

Friday proved a full day, with the class of 1939 playing an active part in the Alumni Day festivities. The morning session, moderated by yours truly, featured Guy Hayes' superb and scholarly address on the trials, tribulations and triumphs of medical forays abroad. In addition we heard about problems of medical practice and education in such varied and sundry spots as the Lahey Clinic, the Rocky Mountains, the Boston City Hospital, and the present fourth year class. Our class gift to the School, a total of more than \$70,000, was presented to the dean by Eben Alexander. The afternoon program on transplantation was moderated and

catalyzed by '39'er Franny Moore, erstwhile Mosely Professor of Surgery.

The most memorable part of the day was yet to come—a family party dinner dance at The Country Club in Brookline. As ever, John Adams demonstrated his superior physical prowess by virtual perpetual motion on the dance floor. Ruby Newman's orchestra was great, the food and drink superb, the general level of enthusiasm high and the dancing of Tom McGoldrick and Ed Dyer sensational.

A surprising number looked reasonably alert by noon the next day to attend luncheon in the quadrangle after the Class Day exercises. Eastman Kodak stock should have gone up several points at the rate everybody was taking pictures of everybody else. By mid-afternoon, the scene had changed to Castle Hill, Ipswich. One of the more remarkable athletic events of the past quarter century took place there on the beach. There seemed to be some who could not see the ball very well, others who managed to hit the ball but had some difficulty running as far as first base, and others who just preferred to cheer. The beauty of the Castle and the grounds on a perfect evening was surpassed only by the clams, lobsters and corn. No casualties reported. Even Hardy Ulm's beard survived the whole weekend.

All-in-all, this was a great party. Too bad custom decrees that reunions are celebrated only every 5 years. See everybody at the 30th!

'44 Chester C. D'Autremont

This is one of the most delightful reunions we have had. Although only a small proportion of the class turned up — 42 members, 37 wives and several children — we had a large enough group for partying and small enough to really converse with one another. After the morning and afternoon sessions at the School we dined, wine, danced and talked at the Dedham Country and Polo Club. On Saturday, we were all entertained at the D'Autremonts' home in Lincoln. An informal game of softball was "played," with, at times, as many as ten outfielders ranging around. It was extraordinary how the children were so much better at the game than their parents, but Bob Klein's pitching amazed everyone. He managed to pitch, with a ball in one hand, a beer bottle in the other and a pipe clenched in his teeth — not once did he drop the bottle. Due to the hepatitis scare the traditional clambake turned into a lobster bake, that was no hardship but greatly enjoyed by all. Hope we will all meet for more of the same conviviality at the 25th.

'49 Bradley Bigelow

A doughty band of the best preserved members of the Class of 1949 gathered on Friday evening at Vanderbilt Hall for a dinner dance. In addition to the local

representatives, several members of the class came from long distances; among them were: Henry Dean and Joe Finney, the Tom Lohrs, Norman Allens, and Paul Browns. Jack Bruner had contracted an excellent band for the dance and a fine evening was had by all.

On Saturday the group met at the Roger Hicklers' house in Wellesley for a beer party. Quite a few class offspring enjoyed the swings, blew soap bubbles, and enticed their elders into a not too strenuous game of baseball. Everyone was most grateful to the Hicklers for their hospitality.

We all looked even younger than ever and hope that the members of the class who did not make it will come to the 20th. Name tags will be provided if necessary — we didn't need them.

'54 Miles F. Shore

Being old enough to appreciate it and young enough to enjoy it, the Class of 1954 made the most of its tenth reunion. Nearly 120 classmates, wives, husbands and assorted others attended. Long distance honors went to Herb and Dorothy Mathews from California, Bud and Ruth Vine from Texas, and Jim and Agnes Boyett and Gerry and Audrey Schiebler from Florida. These travelers were almost outdone by Farrokh Saidi, who planned to come from Shiraz, Iran, until the last minute. He sent a consolation gift of several pounds of Persian pistachios via Dorothy Murphy, and the class unanimously rejected Herb Goldings' queries about what Farrokh *really* meant by sending nuts to his classmates and voted a resolution of appreciation and thanks.

The reunion began with a gradual warmup. At the Alumni Day exercises names and faces were coordinated again and the biographies in the little red book were elaborated.

Friday evening the class met at the Riverway Restaurant, where the barriers created by ten years' absence melted quickly. The reunion chairman's announcement that he would not make a speech was greeted with enthusiasm, and from there the evening proceeded from course to course and glass to glass, with much dancing and even more talk. By the end it was clear that the class was indeed reunited.

Saturday's program called for a sporting clambake at Rocky Woods Reservation in Medfield. There were many nostalgic moments as veterans of Vorenberg's Sunday Sports Spectacular gathered for what may well be their last public appearance as a group. Old knees received a commemorative wrench, and more than one head ached from ancient bumps honorably collected. The ladies, gathered near the lobster wagon, cheered their heroes as they had as coeds, although with somewhat more scolding than ten years ago. One psychia-

trist's wife was overheard telling her husband for heaven's sake to continue analysis until he stopped running backwards full tilt into the trees for long fly balls. Fortunately the athletes suffered no serious injuries, and all were in top shape to consume 100 lobsters, six chickens, squadrons of hot dogs, ears of corn, yams, and watermelons. The evening ended early enough for visiting in depth in smaller groups.

The hard work of Dorothy Murphy, her staff, and Frank Austen, Don Martin, Herb Goldings, Milt Alper, Nate Couch and Tom O'Brien made the reunion a memorable occasion for all. If we had forgotten, we were reminded of how many good friends we have in the class, and the only regret was that not all of us could be there. See you in five years?

'59 Robert S. Blacklow

The fifth reunion for the class of 1959 saw 44 classmates registered. At the Friday luncheon, a mixture of tired, white-suited residents, on call from the local Harvard hospitals, and a group of well-groomed classmates from out of town swapped tall tales about the war in Viet-Nam as seen by a medical officer, and "How I avoided the draft and got into NIH," or "How I avoided the draft *and* the NIH!"

Friday evening, 58 classmates and their wives and dates spent an evening of wining, dining — on lobster and steak — and dancing at the Boston Yacht Club. For many, the task of finding the Club was more of a challenge than any of the clinical and scientific problems encountered during the last five years. A self-service bar accelerated the pace of the evening, as both the guests and members of the dance-band partook liberally.

Saturday afternoon, 47 people attended a clambake at the estate of Dr. Earle Chapman in Brookline. The afternoon was highlighted by a 16-16 softball game — called after four innings by the umpire, Charlie Burden, who holds the distinction of being both the first in the class to go into practice and, by the appearance of his waistline and jowls, to be a success. After the ballgame and suitable liquid refreshment, Dr. and Mrs. Chapman joined us for an old-fashioned New England clambake. As dusk was settling over the tent, those present were already planning for another reunion five years hence. We trust that by our tenth all of us will be out of the "white suit" and that even more will make the trip back to the "New Boston."

The reunion committee is greatly indebted to the efficient and helpful staff of the Alumni Office and in particular to Miss Murphy.

Till five more years
Unite our peers,
We'll age our wine
For '69!

EDITORIAL

The Community Hospital in the Academic Orbit

Following is an exchange of letters on which the summer "Editorial" is based:

Dear Dr. Berry:

During the past five years I have been practicing internal medicine in York. As chairman of the intern and resident committee at the York Hospital, I have had an active interest in the training of house officers and have participated in our program for continuing medical education of the practicing physicians in the community. During this time I have become increasingly aware of a serious problem that exists with regards to the relationship between the medical schools and the physicians practicing in the community hospitals. This has been called to my attention in various medical publications, and in conversations with medical educators who have come to York Hospital as part of our teaching program. Of particular significance is that this has been brought to my attention by talking to the medical students who visit this community hospital to evaluate it with respect to intern training.

Many of the topflight students who visit this hospital, including those who finally come for their intern training, express the feeling that they do not see the concern for patient care in their school that they expected to. Rather they witness an inordinate preoccupation with advanced research and advancement of careers. I would not for a moment deny the importance of good laboratory and clinical research. However, what was particularly disturbing was to have the students describe the kind of inordinate pressure that is exerted upon them to keep them from applying to community hospitals for good clinical training.

As you undoubtedly know, with the increased number of well-trained physicians at all levels of specialty training and not excluding the well-trained general practitioner, many community hospitals have developed the ability to take care of an increasing number of clinical problems and to do this in a creditable way. Considering the skill available in many of these community hospitals, and considering the clinical material available for training of house staff and clinical training of medical students, it would seem unfortunate that an apparent conflict exists between many medical school faculties and community

hospitals. Nevertheless, there continues to be apparently a large element of lack of confidence in, if not suspicion of, the physicians in the community hospitals in general. I am sure that it is this lack of confidence that has interfered with a more proper, productive, and mutually satisfactory relationship between the medical schools and the qualified community hospitals. As a result of this attitude, the potential for clinical teaching in such community hospitals is lost.

The significance of this becomes more apparent when one watches to see in which direction new medical schools will go. There can be no question that every effort should be made to turn out physicians and clinicians of high skill who will be able to teach. However, unfortunately, in many institutions apparently little credit is even given for teaching per se and too much credit given for research productivity. It is this misplacement of emphasis that has contributed to the difficulties that exist to which I have referred. Dr. John Knowles of Massachusetts General Hospital referred to this in his recent article in the *New England Journal of Medicine*. Again, there as in many places, the problem was raised, with no indication of how to solve it.

There will be no solution until there is recognition of what the teachers have to offer and what the clinicians have to offer in the way of teaching.

My interest in this problem is locally intensified because of the development of a new medical school in the area. Many of us believe that a well-balanced medical education should expose the medical student to clinicians who are able to apply to the care of patients those major developments that have resulted from the research in the medical schools. Furthermore, these students should be exposed to these clinicians who can, by virtue of their example and teaching ability, demonstrate to the medical student the possibility of applying in a practical way for the benefit of the patient the new techniques and information that are available. These clinicians by virtue of their own training and experience can help the student correlate and integrate his newly acquired information in the care of patients. This would seem to provide a proper balance in the student's total educational experience. It would further maintain emphasis on what must be the ultimate objective of the medical education and of the medical profession as a whole, that is, the need to

provide well-qualified physicians to care for the enlarging population.

This is not an easy problem to solve and the difficulties will not be resolved quickly. I would be interested to hear your thoughts on this subject.

LEO SAMELSON '52

Dear Doctor Samelson:

Having practiced internal medicine in York for five years and having served as chairman of the intern and resident committee at the York Hospital, you voice concern over what seems to you to be an increasingly serious problem; namely, the degenerating relationship between medical schools and physicians practicing in community hospitals. Having outlined your reasons for your concern, you ask me to share my thoughts with you. I am happy to do so.

Medical students today, especially the better medical students, look upon the internship and residency as a continuation of their medical education. In this period, while they are learning more and more about the care of the patient under the responsibility of actually caring for patients, they are simultaneously seeking something more — a deeper knowledge of the advancing medical sciences that unlocks the door to understanding disease and to the steps necessary for remedial action. Consequently, they seek their internships and residencies in university teaching hospitals where well-rounded learning opportunities exist. Until such time as community hospitals can offer comparable opportunities for continuing medical education as opposed to medical training — the acquisition of skills and techniques — community hospitals will not successfully compete in attracting topflight students. In writing in this forthright way, you will understand that I am not commenting on the York Hospital, about which unfortunately I know far too little.

Your letter echoes the chronic lamentation of community hospitals — that “medical schools hold us in low esteem and send their students elsewhere for internships.” The suggestion of “low esteem” is not justified, certainly as far as Harvard is concerned. Indeed, the more one knows about the high quality of medicine being practiced in many community hospitals, the more esteem one has for the excellent clinicians who are responsible for making it good. Let me point out also that medical schools do not “send” their students anywhere, nor do they exert “inordinate pressure . . . to keep students from applying to community hospitals for good clinical training.” What is the responsibility of the medical school? It is not to provide interns for one kind of hospital or another, but to provide for students the best advice concerning where good opportunities exist to continue and enhance their medical educations during their internships and residencies. The members of our advisory committee on internships devote a great deal of time and effort to helping our students make wise applications.

You suggest that “The topflight students . . . do not see the concern for patient care in their schools.” Whereas this may be true at many medical schools, it is certainly not true at Harvard. In this fact, we take pride and satisfaction. What I believe leads you to voice your concern in the manner you do stems from the way many unseasoned students are apt to appraise concern for the patient largely in terms of a physician’s emotional commitment to his patient. What students do not always appreciate is the kind of concern that drives a physician to learn to understand the nature of his patient’s disease, and thus to become equipped to take remedial or curative steps. Put another way, students are often impressed by the physician’s preoccupation with the circumstances surrounding disease rather than with the nature of the disease itself.

You comment on the “inordinate preoccupation with advanced research and advancement of careers” that you believe to be characteristic of the faculties of medical schools. Because I do not believe it to be a fact, I disagree with your impression. The staffs of good medical schools are made up of physicians who are immersed in the totality of medicine; who make of teaching, research and patient care an indivisible triad.

I am happy that you “would not for a moment deny the importance of good laboratory and clinical research.” I wish more community hospitals understood the tremendous stimulus for teacher, practitioner and student alike provided by a research environment. All too many community hospitals provide little more than routine laboratory examinations.

You write that “A well-balanced medical education should expose students to clinicians who are able to apply to the care of patients major developments of research in medical schools.” Are you suggesting that a student learn the facts and skills of medicine while in medical school and then, as a clinician in the community, should be content to “correlate and integrate his newly-acquired information in the care of patients?” Basic learning and the application of knowledge are inseparable and should proceed concurrently in a never-ending process. Good students seek an environment that will provide this kind of education. In such an environment, it is a mistake to believe that students do not have just as much concern for the care of the patient as they do for an intellectual understanding of his malady. In such an environment individuals participate in research not only for the sake of the knowledge that may be gained, but because the curiosity of the learner is continuously fostered and sharpened by the process of search.

One would look a long time to find as good an exposition of these issues as that made at the Medical School last November by Dr. Herrman L. Blumgart in his Gay Lecture, “Caring for the Patient,” so I am enclosing a reprint for you.

GEORGE PACKER BERRY, M.D.
Dean

In Order to Change We Must Exchange

One of the most precious assets of the Harvard Medical School is the avenue of exchange of free ideas that exists between its Faculty and its Alumni. This avenue does more than just exist; it is well traveled. All too often an Alumni body becomes complacent and fails to exhibit active concern for its school. This is not true at Harvard; both Alumni on the one hand and Faculty on the other find sincere satisfaction in this exchange of ideas, and from it comes a better understanding of what is going on at the School and a warmer relationship between the School and its most important supporter, its Alumni body.

Dr. Samelson's letter and Dr. Berry's answer reflect this easy exchange. It is proper that the role of the community hospital in the academic orbit be discussed. However, Dr. Samelson seems unaware of a most significant change actually occurring in the relationship between the institutional hospital and its community counterpart. As doctors move centrifugally to the community from the institutional hospitals, carrying with them concepts of patient care so well expressed by Dr. Berry, better and better medicine and surgery are being practiced in the community hospital. But this is only the beginning of what will surely become a stronger and stronger alliance: the in-town teaching hospital is using the clinical material of the community hospital to help teach those interns and residents who will become both community physicians as well as academic physicians for America. In two concrete ways today's medical schools need the so-called community hospital. First, as the population moves out into the community away from the city center, it takes with it an obvious need for medical and surgical care for the commoner diseases. Coincident with this shift, the intown, academic hospital finds itself seeing less of the common illnesses and more of the complicated ones. A close affiliation between an urban hospital and a community hospital therefore offers the surgical and medical trainee an opportunity to view a volume of common diseases that he might not otherwise encounter. Second, institutionally trained postgraduate students must, at some time, see the practice of medicine and surgery devoid of an academic shroud. Both institutions gain: on the one hand, the intown student learns about day-to-day practice of medicine; and on the other, the community benefits from his "scientific" concepts of training and patient care — "scientific" here meaning the *studying of* a patient rather than *research on* a patient — so that nothing is overlooked in the course of treatment for his disease.

Although this trend is still very new, just two examples of it at Harvard will verify this new alliance. Surgical assistant residents now rotate from the regular training program of Harvard's Peter Bent Brigham Hospital to gain further experience at the Burbank Hospital in Fitchburg, Mass.; and surgical residents at Massachusetts General Hospital broaden their knowledge of patient care at the Salem and Lynn Hospitals. Both of these affiliations provide a complementary balance between pure clinical training and training with an academic flavor.

There was a time when all community hospitals were held under suspicion by academic institutions — and this was probably well deserved — but now, a generation later, the picture has changed, and many community hospitals are practicing medicine and surgery of a high academic caliber. That this is not true for all hospitals is obvious, but in all those hospitals now below the optimum, more interchanges like this will raise the level of practice and patient care.

It should reassure Dr. Samelson that Harvard academicians *are* sharing their education programs with community hospitals and *are* attempting to narrow the separation between them. Moreover, there are increasing numbers in academic medicine in general who understand the importance of cooperating with the community hospital. Both must share the load of this country's medical care.

J. R. B.



THE DECISION MAKER'S DILEMMA

by Lester Grinspoon '55

Even though many techniques have been developed to generate and systematize data to help corporate, military, government and other important decision-makers be more "rational and objective," even the most optimistic decision-theorist recognizes that the process of making decisions remains obscure. Game theory, simulation, computers, operations research, sampling, systems analysis, organization theories and the like may help a decision-maker to deal with the external influences which contribute to his working out a decision, but they cannot identify or put into perspective the internal influences. None of these theories or techniques can determine the extent to which and the ways in which a man's inner life affects his decisions. "The heart," said Pascal, "has its reasons which reason knows not of."

In this article I shall identify some of the constraints which a high responsible position imposes on its occupant in his relationships with other people, and the ways in which these constrained relationships alter aspects of his inner life to affect his self-image, his means of testing the reality of some facets of his environment, and the degree to which he feels alone. I will then demonstrate how these alterations in his inner life may affect decisions he must make. To supplement this, I will briefly consider some aspects of preconscious and unconscious influences on the important decision-maker.

Although the men who seek and particularly those who attain important decision-making posts may have distinguishing character traits, emotional needs, and personal histories, we cannot assume that their need for varied interpersonal relationships is any less than it is for other people. This need may, in fact, become greater as the role increasingly imposes its peculiar constraints.

Clarence B. Randall, a retired industrial executive, recently described some of the ways executive responsibility constrains interpersonal relationships and breeds isolation. An increasingly successful executive who begins his career as an ordinary commuter moves first into the exclusive car at the rear of the train, and then into a chauffeured limousine. He eventually loses control over his appointment book so that whom he talks to, about what, and for how long, are largely determined by business considerations. Even his lunches are now private and prearranged. Even in his social life contact with people of different views and backgrounds becomes more and more improbable, because the people who do not have certain kinds of "credentials" are excluded.

As the decision-maker gains more power and accepts more responsibility, he becomes increasingly isolated, a prisoner to his office, while those who serve and protect the office become his guards. Randall emphasized the perils of becoming "divorced from the tumult of outside thought." The danger of this kind of isolation is illustrated by what happened when the Versailles Court was established to insulate Louis XIV and his successors from all contact with their subjects; it succeeded so well that it undoubtedly laid the foundation for the French Revolution. In modern times, Wilson became extremely isolated during his illness, and this, because it prevented him from being attuned to the atmosphere in the Senate, is thought to have been a significant cause of America's failure to ratify the Treaty of Versailles.

More specifically, the hazard of this kind of protection and isolation is not simply that the decision-maker becomes dangerously unaware of some facets of the external reality, but perhaps even more importantly, that he is prevented from seeing some aspects of himself. His office not only denies him access to many people, but it forces him to depend largely upon a small, highly selected group, most of whom are subordinates who defer to him and are careful about how they disagree with him and over what issues. How serious a problem this is can be roughly measured by the degree of power and responsibility his office commands. While it may be of little importance to the man who has an adoring secretary or two, it may be of considerable consequence to the assistant secretary, the bureau head, or the general, the man who has achieved a position wherein almost all of his human transactions are with people who see their vital interests best served by pleasing and impressing him. It would overstate the case to suggest that all who surround such a figure are sycophants. Perhaps some are so identified with him

that theirs is a kind of self-flattery, or they may have so much love for him that they want to protect him from anything that they believe might hurt him. On the other hand, some office guardians might experience considerable anxiety should their ambivalent feelings about their chief be aroused by some expression of candor, while for others agreeable and flattering behavior may be a reaction formation in defense of deep-seated hostile and competitive feelings.

The important decision-maker contributes directly or indirectly to the selection of those who surround him, and men do not generally surround themselves with those who seem critical. This is illustrated, perhaps to an extreme degree, in Alexander and Juliette George's description of Wilson:

All of Wilson's close friends — the men, the women, the professors, the politicians, the socialites — shared one characteristic: they were, or at least had to seem to him to be, *uncritical* admirers of the man and of everything he did. Intellectual disagreement or the feeling that a friend disapproved of some project he had in hand aroused intolerable anxieties.

It is not always the incumbent himself who is at fault in this selection of uncritical subordinates, since the office itself, as an institution with its prestige and its traditions, may have come to have little tolerance for candor.

Julius Caesar in Thornton Wilder's *The Ides of March* writes of Cleopatra's conviction that she is a goddess and how this belief receives daily reinforcement from the worship of those around her. Caesar stresses with considerable insight one of the dangers of being surrounded by flatterers:

Nothing seems to me to be more dangerous — not only for us rulers, but for those who gaze upon us with varying degrees of adoration — than this ascription of divine attributes. It is not difficult to understand that many persons will feel at times as though they were inflated by unusual powers or caught up into currents of some inexplicable rightness. I had this feeling frequently when I was younger; I now shudder at it with horror. How often have I had it thrown back at me, generally by flatterers that I said to the timid boatman in the storm: "Have no fear; you bear Caesar."

The reactions of other people provide a most important reflection of ourselves, but if the mirror is grossly warped, the image is not just worthless, but perhaps harmful. When a man becomes surrounded by people who do not accurately reflect the impact of his ideas, his feelings, in short, his person, upon them, then that man is in grave danger of having a distorted view of himself. He is endangered by the fact that there may be no one who is unafraid to ask, "Where are the emperor's clothes?"

But it is not only the self-image which may become distorted in the environment of the important decision-maker; distortion may also affect the information that

he receives. The ancient kings often disposed of messengers who bore them news they did not wish to hear. Today the bearers of bad tidings are not consciously dealt with as though they were also their cause. Nevertheless, when subordinates provide information to a decision-maker, they may be influenced consciously or unconsciously by what they believe he does or does not wish to hear. In 1917 the German Ambassador to St. Petersburg "doctored" his reports to Berlin to fit what he thought his superiors wished to hear and recorded in his diary what he really believed. Of course, the make-up of a particular subordinate and his relationship to his chief may be such that the underlying wish is to defy or anger the chief. In this case, information may be distorted in the opposite direction.

When it is an opinion the decision-maker seeks, what he hears from his subordinates may again be influenced consciously or unconsciously by their implicit judgment of how much is open for consideration. The formation of this judgment and its reciprocal effects on the chief himself may indeed come to resemble a positive feedback system in that the more the decision-maker limits the area open for discussion, the less likely are his subordinates to explore anything beyond that area, and the more likely they are to reinforce a view which thus becomes increasingly limited and rigid. This is not to say that the decision-maker consciously limits the area open for discussion and consideration: the limits may evolve through a subtle intuitive process involving both the chief and his subordinates. For instance, a subordinate may take as given, and not subject to re-examination, some prior expressions of the decision-maker's views, or even some casual or perhaps impulsive remark of his. Or, more subtly, he may intuitively arrive at an estimate of the limits of the area open for discussion through the sum total of his experience with the decision-maker. However the assessment is achieved, the opinion, the recommendation, or the "position-paper" that a subordinate presents may closely resemble the views the decision-maker had already entertained. The danger here lies in the decision-maker's believing that these opinions are really independent, which may result in the reinforcement of his tentative, casual, and even impulsive thoughts and in the increasing limitation of the area open for discussion.

The importance of receiving an opinion from outside the establishment, one that has not been subjected to this process, is illustrated in Lincoln Steffens' discussion of Wilson's decision against going to war with Mexico. In this case, a decision was crucially influenced by an objective opinion from someone completely removed from the establishment. When a man wishes to test an idea as objectively as possible, he would do well to seek critics whose qualifications, apart from competence, include disinterest where he is concerned. The top decision-maker who has lost some or all of his anonymity may have difficulty in finding such people.

Loneliness, the subjective sequel to the isolation of

the important decision-maker, is another consequence of his growing power and responsibility. Increasingly isolated from those who used to be able to share his burdens, he is bound to experience an enhanced sense of aloneness. As Shakespeare's Henry V muses:

What infinite heart's-ease
Must kings neglect that private men enjoy.

The important decision-maker's opportunities for relieving his sense of loneliness are limited, perhaps to his wife, other family members, and hopefully a trusted friend or two. Yet even here there may be obstacles in the path of understanding. There was a time, not so long ago, when a man's wife or friend knew about as much as he did of the technical aspects of his work simply because there was little or no technology. Today there is vast technology which is growing geometrically. Furthermore, decisions in government often involve information which cannot legally or morally be shared with those outside the bureaucracy.

The importance of having a person with whom one can talk freely is indicated by Wilson's remark to Colonel House, "You are the only one in the world to whom I can open my mind freely and it does me good to say even foolish things and get them out of my system." Sometime later he added, ". . . you are the only one to whom I can make an entire clearance of mind."

Once having overcome the difficulties imposed by high position in establishing a close, honest, give-and-take relationship, a decision-maker may come to overvalue such a relationship and to attribute virtues incorrectly and delegate more responsibility than he should; in general, then, he may become too dependent on this overvalued relationship. In fact, when such a relationship comes to an end, it may be an especially difficult loss for the decision-maker. Henry II's loss of Becket, as portrayed by Anouilh, was perhaps the more devastating because he was the only person Henry had ever found in whom he could place his confidence.

We have up to this point described how, as a man moves into posts of ever-increasing importance, he is increasingly isolated, lonely and surrounded by the aura of his own importance, sagacity, and omnipotence as reflected from those who surround him. It is a curious paradox that when a man's decisions are likely to affect a greater number of people, he becomes more isolated from them, and as he becomes increasingly well known, he also becomes lonelier. And he, for whom it becomes increasingly important to have every clue as to the part which his own weaknesses, idiosyncrasies, and feelings are contributing to his decisions, may, more and more, be kept in ignorance. For all that an institution may do to protect his physical health and well-being, to facilitate his communication and transportation, to apprise him of current and technological developments, it creates an unhealthy situation with regard to some vital interpersonal functions. With whom can he frankly discuss the personal aspects of a problem? Who can

stand allowing him to give vent to his feelings? Who can afford to disagree with him? Who can directly or indirectly indicate to him his excesses or his weaknesses? To whom can the decision-maker who bears such enormous responsibility unburden himself? These and other questions suggest functions for which high executive offices not only do not provide, but indeed tend to exclude. The important decision-maker has available to him people who are experts in assessing all kinds of information — military, legal, marketing, public opinion, sales, etc. — whose job is to call attention to data relevant to his decisions; but the identification and evaluation of influences which arise from within himself are matters of chance in that they depend upon his capacity for insight, or his good fortune in having people who can help him in this respect.

Those who are close to a decision-maker, whether they realize it or not, may be of great help to him simply by being available for listening and sharing. In his book on Dwight D. Eisenhower, Robert J. Donovan emphasizes this point, speaking of the President's brother as follows:

His brother Milton usually offers advice only in a few particular fields, but he listens to the President and lets him work his thoughts out on him. Sometimes when Milton is in Washington, the two will sit together in the President's bedroom for hours while the President grinds out his ideas on different subjects.

But those who are intimate with a decision-maker may do more than this. If they are skillful and sensitive enough they may be able to point out what may be obvious to everyone but the chief himself. For example, they might simply say, "But you're angry now," or "You're quite flattered by these people," or "Every time you suffer some sort of defeat you tend to do such and such." Feelings such as anger, fear, elation, sadness, and many others may exert important influences on his behavior. Because these influences are preconscious ones, they may become part of the decision-maker's awareness through introspection or through the verbal or even nonverbal reaction of others. They differ from unconscious influences in that they can so readily be made explicit and can often be meaningfully integrated; for these reasons, they are the kinds of influences that intimates of a decision-maker are in a position to call to his attention. For instance, a close associate of President Truman might have brought to his attention his excitement and elation over the success of the Hiroshima bomb at the time he was making the decision to go ahead with the plans to use a second bomb. This would not necessarily have influenced the decision, but it would have made this information available so that it could be considered and weighed along with all the other factors which go into such a complex act as making a decision. Insightful decision-makers will have less need for this kind of help; others will have less tolerance,

and while they may not banish a good and wise counselor as King Lear did Kent, they will do little to encourage the development of this kind of relationship.

Psychoanalysis has shown how much of man's inner life exists in the unconscious, of which he ordinarily has no awareness. It has also revealed the importance and the pervasiveness of the unconscious influences on behavior. Important decision-makers, of course, are not exempt from unconscious influences, and since the unconscious does not distinguish between what is personal and what is professional there can be little doubt that unconscious elements contribute in some measure to all decisions, from the most banal to the most momentous. Still, that contribution is unknown to the decision-maker or, in fact, to anyone else, and there is serious question as to whether it is knowable through any means other than psychoanalysis. To date, this is the only systematic way of acquiring the kind of insight that one needs to become aware of unconscious influences. While to make these influences explicit is part of the psychoanalytic process, their interpretation by some other person, someone outside the psychoanalytic relationship, may at best be of little consequence, at worst unfortunate. This is so because these are a very special kind of data which cannot ordinarily be accepted and certainly not integrated except at the right time and under the right circumstances. Since a personal analysis requires a large investment of time and involvement, why *should* the important decision-maker, as such, undertake analysis? One suspects that the action-oriented decision-maker whose career is built on successful manipulation would not be especially interested in an experience so profoundly introspective as psychoanalysis. He might be so inclined if there existed substantial evidence that such an endeavor would help him to make "better" decisions. However, to know that the unconscious exerts important influences on decisions does not necessarily mean that an awareness of the inner as well as the outer reality will actually affect the way in which these influences determine decisions. Ernest Jones writes:

An impartial observer cannot fail to be struck by the disconcerting fact that analysed people, including psychoanalysts, differ surprisingly little from unanalysed people in the use made of their intelligence. Their greater tolerance in sexual and religious spheres is usually the only mark of a change in the use of the intellect. In other spheres they seem to form their judgments, or rather to maintain their previous convictions and attitudes, on very much the same lines of rationalised prejudices as unanalysed people do.

Thus, while we may acknowledge their existence in and their importance to the decision-maker, what can or should be done about the unconscious determinants of decision-making must at this time remain an open question.

Finally, these considerations lead us to one further problem, that which arises when the important decision-maker becomes mentally ill. For the person of high office, as for anyone else, mental illness may vary greatly in both its duration and its severity. Laymen have no difficulty in recognizing severe mental illness; however, the cognitive and behavioral manifestations of early or mild mental illness are often dismissed by the untrained observer as of no consequence or as minor aberrancies. Subordinates who do not want to believe that anything is wrong with their chief may have considerable difficulty in recognizing that there is untoward significance to the pattern of change in his behavior.

Beyond the difficulty of recognition, there is the problem of what to do once a person of high office is considered to be suffering from a mental illness. Whereas people with most kinds of illnesses usually seek medical help on their own initiative, those with mental illness frequently do not. It remains for those close to the mentally ill person to convince him that he should seek help or to seek it for him, in some cases against his most threatening objections. Moreover, those close to the important decision-maker may fear that acknowledgment of his need for psychiatric help would jeopardize his career. Some may fear his response to their suggestion that he seek help. Thus, in the case of a person in high office, there may be some special obstacles in the path of early recognition and treatment.

One such case is that of Earl K. Long, the former Governor of Louisiana, who became ill in 1959. Because his office made him above committal in Louisiana, he was taken against his will to another state for commitment. On his return to Louisiana he freed himself from a mental hospital there by removing the superintendent and replacing him with a political friend, who declared the Governor sane and free. He then proceeded to purge those who had anything to do with his confinement.

Another such instance is that of James D. Forrestal, first Secretary of Defense, who was evidently becoming mentally ill late in 1948. By January of 1949 he was having increasing difficulty in concentrating and was becoming less able to make decisions. At first these deficiencies were attributed to fatigue, until two months later when he was having so much difficulty that he was asked to resign. A few days after this he was admitted to a naval hospital with a full-blown depression, and less than two months later he committed suicide.

Modern political institutions deprive their most important decision-makers of some vital interpersonal functions, narrow their means for fulfilling others, and leave other essential ones to chance. It is clear that this is dangerous for both the individual and the institution he serves. What is not so clear is just how individual decision-makers and large institutions can systematically compensate for these most important psychosocial constraints. What can the decision-maker do to compen-

sate for the kind of distortion which his high office, through the constraints it imposes on his relations with other people, introduces into his view of both the world and himself? What can he do to encourage people at all levels to disagree honestly with him and to propose ideas which they think may be unpopular with him, when in fact they generally believe that to do so may compromise their best interests? How can he be sure that unreasonable behavior on his part will be called to his attention? Important decision-makers may or may not be fortunate in their capacity for self-awareness and insight, but all important decision-makers are unfortunate in that the conditions of their lives are so altered that many of the ordinary orienting influences, particularly contact with others, do not function in the same way they do for others.

Dr. Grinspoon is a clinical associate in psychiatry and director of psychiatry (research) at the Massachusetts Mental Health Center. He originally presented this paper to the annual meeting of the American Psychiatric Association, 1964, under the title "Psychosocial Influences on the Important Decision-maker."

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FREEING IMPRISONED LIGHT



by Paul B. Shuey '21

As a young boy, I spent many hours running along the sandy beach at Carpenteria, California, gathering moonstones and moss agates for an enthusiastic lady who had them polished and mounted in bracelets and necklaces for her eastern friends. Thus my earliest concept of "lapidary" was associated with an old lady who collected pretty, surf-swept stones and offered rewards for the finest specimens. When my godfather presented me with a petrified fish and a cluster of garnets, I had the nucleus for my first collection. It was sometime later that a classmate in high school reinforced my interest in gems and aroused my enthusiasm for higher learning; his discovery of a large piece of ambergris washed up on the south shore of the San Francisco Bay financed his first two years of college.

It was during my internship at Bellevue Hospital, however, that my interest in stones was permanently revived. I then had the chance to see a collection of gems and raw minerals in the New York residence of a Mr. Lewisohn. Exquisitely displayed in lighted cases in the foyer of his Fifth Avenue mansion were large chunks of amethyst, emerald, turquoise, aquamarine and tourmaline.

For ages precious stones have exercised a mysterious hold on man, forcing him to fill numerous books with their descriptions and histories. Scientific interest in them stems as far back as Aristotle, who developed the present method of classifying them by their specific gravity, and Archimedes later standardized this method. In the superstitious middle ages, gems were believed to possess therapeutic powers. Camillus Leonardus, who dedicated a book on their origins and attributes to Cesare Borgia in 1502, wrote:

(Amethysts) drive away drunkenness, disease, make men vigilant and give them victory over their enemies.

Even up to the present day, the fascinating legends that cluster around such precious gems as the Victoria, Cullinan and Koh-I-Nor diamonds enhance their pecuniary value.

In spite of this historic hold over man's imagination, the stones and settings in the museums and cathedrals in England, Belgium, Germany, France, and Italy surprised me by their crudity. The jewel-encrusted sarcophagi, alleged to contain the bones of the three wise men in Cologne cathedral, the jeweled book bindings, and many other religious and military objects present a remarkable contrast to the lapidary of the modern day.

The sport of "Rockhounds," or the hobby of modern lapidary, which is a term that I define as the hunting, locating, classifying, cutting, polishing, and faceting of precious stones, has become well-established throughout the United States and Canada during the last 50 years. Since every lapidarists' motto is "have rocks, will show," this enthusiasm has in great part been generated

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by the great gem and mineral collections of the Smithsonian Institute, the Royal Ontario Museum, the American Museum of Natural History, the Mineralogical Museum of Harvard University and the large, private Lizzardo Museum of Lapidary Art in Elmhurst, Illinois. Many of these institutions have further encouraged the interested by offering them accredited instruction.

In this age, when so many have more leisure and more money, gem and mineral clubs have sprung up in this country and Canada in astonishing numbers. My home state of California lists as many as 150 of these clubs, and nearly every state in the union has at least one. In 1947, Leland Quick, who defined the term 'lapidary' in the modern sense and is considered its father, founded the *Lapidary Journal*, which printed 42,000 copies in 1963. "Rockhounds" will write articles on their favorite hobby at the drop of a chisel, and many of these theses are loaded with exact and valuable facts that cover a multitude of "-ologies," from paleontology to geology.

Lapidary art can be taken up by anyone; even children have made some remarkable discoveries. Many beautiful gems are produced by shut-ins; one of the clubs even lists a blind lapidarist.

Prospecting for stones, whether it be for agates or diamonds, is one of the most exciting aspects of lapidary, and rockhounds will travel all over the world for new finds. Equipped with lists of all the motels and trailer parks that are adjacent to mineral deposits, many of us take our vacations in jeeps with trailers attached, combing the abandoned mines, deserts, rock ledges, river beds and coast lines of the Wild West. In this way great quantities of exciting specimens, often in new and uncharted areas, are located every year. The occasional reports of journeys entitled "Treasures of the desert," "Diamonds of Australia," "Treasures of Peru," that appear in the press from time to time make it almost impossible to resist filling the car at the first stop.

I began collecting conservatively, obtaining a few opals from Australia, turquoises from Persia, and garnets from India. These arrived as polished, oval and cut stones of specified sizes, from which I produced some fine jewelry by assembling and setting them in cufflinks, tie tacks, necklaces, and brooches.

In addition to the pleasures of collecting and classifying, lapidarists, there is the excitement of converting the uncut specimens into finished stones and polished slabs. My first results were unsatisfactory, for the lapidarists' console that I purchased was too small, its glowing advertisements notwithstanding. I now own The Covington Complete Combination, whose motor is mounted on a floor stand and which occupies the space of an upright piano. This machine, which both grinds and polishes (the cutting of stones requires another rig), is as versatile as its operator, and with books to guide me, plus a certain amount of luck, I have made great progress; at present I am working in tourmaline, adventurine

and amethyst. Many of my ideas are derived from round-table discussions with other rockhounds, filtered through endless cigarettes, and spliced with gallons of coffee.

Although many rough gems and stones are beautiful in their uncut state, this art of selecting, cutting, faceting, and polishing flawless jewels is filled with aesthetic surprises. The first step is to cut the slabs and segments of stone at any number of angles, a process which produces an endless amount of configurations, each one different.

Next comes the selection of the flawless, or the "pay part," of the stone from the surrounding "matrix," the part of the slab from which the lapidarist expects to cut out a valuable stone. After this part has been removed, it is either fashioned into a polished, oval "cabochon," an unfaceted, convex stone, or it is faceted.

Faceting, the process that bends, twists, and scatters light through precious stones, is, in my opinion, the high point in lapidary art. A deliberate, delicate procedure that requires special machinery and exact rules, it is most easily accomplished by using diagrammed instructions in which the angle of each facet is indicated numerically. The stone is first fastened to a 'dop,' a brass rod that holds the stone in place while it is shaped into a 'preform,' that approximate shape and size of the desired stone after the facets have been placed upon it; these are created by placing the stone at the various prescribed angles against a motor-driven, rotating, abrasive disk.

Although the public usually sees gems in inaccessible glass cases of jewelry or mineralogical collections, modern lapidarists are always inventing new ways for their cut and polished materials to be admired. One of their special techniques is intarsia, a method of creating design by inlaying materials into a background of other material. These "paintings" of beautifully blended stone, with subjects that range from religious history to multicolored birds and butterflies, are composed of selected pieces of cut and polished jasper, turquoise, sodalite and jade.

One of these, the "Heavenly Light," was completed by the lapidarist Olive M. Colhour after two years of perseverance and patience. An amateur artist who spent hours cutting, polishing, selecting and fitting together the pieces that went into the work, Miss Colhour has produced a remarkable 12 by 15 inch portrait of Christ. She used jasper for skin tones, chert sodalite and jade for the eyes, three kinds of wonderstone for the gown, petrified wood for the hair and beard, and finally, opalized wood for the background. Materials for this work were drawn from Washington, Oregon, California, Wyoming, Arizona, New Mexico, Utah, Idaho, and Canada.

There are only two limits to this fascinating art of freeing imprisoned light, time and enthusiasm. In that walk along a country road, the flash of green that halts your eye may only yield a piece of glass, certainly not an emerald, but keep looking, for a shepherd boy on a farm in South Africa found an 83-carat diamond in 1869.

CHARLES JAMES WHITE

1869-1964



Charles James White, former chief of dermatology at the Massachusetts General Hospital and Edward Wigglesworth Professor, Emeritus, at Harvard Medical School, died at his winter home on March 3, 1964, at the age of 95. Up to the last years of his life, he read the current literature of his field and delighted in discussing it with me regularly.

Known and honored the world over for his contributions to dermatology, Dr. White is a member of a family that has had three distinguished professors at Harvard. His father, James Clarke White, who received his M.D. in 1856, became the first professor of dermatology in America and the first president of the American Dermatological Association. He was successively adjunct professor of chemistry, instructor in medical chemistry, and professor of dermatology. He was deeply interested in the reform of medical education in the 1860's and after Mr. Eliot became president, his reorganization plans received warm support. His son, Charles James White, became Edward Wigglesworth Professor of Dermatology in 1916 and served until 1927. Our contemporary, James Clarke White, son of Charles James White, was professor of surgery from 1955 to 1961, and a former chief of the neurological service at the Massachusetts General.

Dr. White was born December 26, 1869, in Boston, Mass., the son of James C. and Martha Ellis White. He graduated from Harvard College in 1890 and Harvard Medical School in 1893. He married Olivia A. Richardson in June of 1893.

From 1893 to 1895 he did graduate work in dermatology in Vienna and Paris. On returning to Boston, he was appointed assistant physician

in diseases of the skin at the Massachusetts General and served in this capacity until 1903, when he was appointed physician. In 1925 he became chief of the dermatological department, a position he held until his resignation in 1927. He became a member of the board of consultation in 1927 and was appointed honorary physician in 1939, an appointment he held until his death.

At his alma mater, he served as assistant in dermatology, 1898-1902; instructor, 1902-11; assistant professor, 1911-16; Edward Wigglesworth Professor, 1916-27; and Edward Wigglesworth Professor, Emeritus, from 1927 until his death.

He was an officer or member of so many medical societies that it is impossible to mention all of them here; the following list, however, should indicate his unusual breadth of medical interests: the Boylston Medical Society, the Boston Dermatological Club, the New England Dermatological Society, the American Board of Dermatology, the Boston Society of Medical Sciences, the American Medical Association, the American Association for the Advancement of Science, the American Association for Cancer Research, and the Pathology and Bacteriology Society. In 1912 he was appointed by the Labor and Commerce Department to revise medical nomenclature, and in 1916 he served on both the State Committee for Medical Preparation and the Advisory Commission for National Defense. He also served in the editorial boards and as an honorary and corresponding member of several foreign societies.

Also active in many non-medical organizations, he was both a trustee and a member of the executive committee of the First Church of Boston.

Dr. White has written about 80 papers on clinical, investigative and therapeutic subjects. He was the originator of several dermatologic preparations, such as the wash 16 for seborrhea capitis and the coal tar ointment, of the old Massachusetts General Hospital formulary.

Dr. White was a professional father to his students, not only to me but to many others. He was a very stimulating teacher; he encouraged both his undergraduate and graduate students to do research in the basic and clinical aspects of dermatology at a time when few physicians in the field were interested in investigation, and he also believed in using patients for teaching, bringing in an unknown case for history taking, physical examination, and treatment at the end of each morning. This was to be written up by the student, and he carefully corrected each paper, including punctuation and spelling, and returned them to the students. He was also known for his punctuality and fastidiousness; we could set our watches by his daily 9:15 arrival at the hospital.

His particular interest in dermatopathology and mycology was contagious. I was one of many of his

students who was infected with the desire for special knowledge of these two fields, and I had the good fortune to be asked by him to assist in his elective course of dermatopathology, which he presented with the aid of an extensive and rare collection of slides — some of which came from Vienna. The slides were later used in preparation for the examination given by the American Board of Dermatology. He also established a dermatopathology laboratory in the pathology building of the Massachusetts General under the supervision of Dr. James Homer Wright, chief of pathology at the hospital and professor of pathology. The late Dr. Arthur Greenwood and I were assigned to the laboratory. Skin biopsies were taken at the skin clinic, and then, under the guidance of Drs. Wright and White, sectioned, stained and interpreted at the laboratory. This was the first step toward developing a closer relationship between the two departments, and it benefited both.

He also encouraged his postgraduate students to pursue investigative work and rewarded them whenever he could. His staff consisted of outstanding teachers who helped continue the fine work of such giants in dermatology and syphilology as James C. White, Edward Wigglesworth, Jr., John T. Bowen, and Abner Post. During his time the department of dermatology continued to serve as a leading training center for future dermatologists and syphilologists — this was not an easy task, since the field was having growing pains and did not gain the sympathy and encouragement that it rightfully deserved.

Dermatology in general and American dermatology in particular will always remember James C. White and his son Charles J. White, who both pioneered in the field. Dr. White is survived by two sons and a daughter; James C. White, of Boston; and Richardson White and Mrs. Charles C. Cabot, of Dover.

JACOB H. SWARTZ '20
Member of Board of Consultations,
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BOOK REVIEW

Evolution of the Atherosclerotic Plaque, Richard J. Jones. The University of Chicago Press, Chicago, Illinois, April 7, 1964

This text comprises 20 papers presented at a symposium devoted to the "Etiology of the Atherosclerotic Plaque," held in Chicago in March of 1963. These presentations concern the histology, experimental and chemical pathology, biochemistry, and mechanical factors in the formation and natural history of the atheroma. Following every 2 to 3 papers is a recorded discussion between the authors and a group of panelists. As is often the case there is as much crucial new material in these as in the formal presentation.

The material presented has a general high level of scientific quality. It is apparent the titles and order of presentation were carefully chosen and integrated. As Dr. Jones states in his excellent summary, much has been learned about the atherosclerotic process. But the most important question concerning etiology is what is the initiating factor or defect? In this multidisciplinary review we see a number of exciting conjectures about this. The answer, however, is not yet at hand.

The physical quality of the text is excellent. The highly important illustrations and photomicrographs are extremely well recorded. The book should prove of significant value to physiologists and cardiologists alike.

ROE E. WELLS, JR.
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HONORS

Gaylord W. Anderson '28, director of the University of Minnesota's School of Public Health, received the highest award of the American Public Health Association, the Sedgwick Memorial Medal. This award, made annually, was established in 1929 in memory of Professor William T. Sedgwick, of Massachusetts Institute of Technology. Dr. Anderson, who is the first Mayo professor of public health at the University of Minnesota, has served as consultant in that field to the U. S. government, several foreign governments, and the World Health Organization.

Greater Boston's Junior Chamber of Commerce has named **Jay B. Angevine, Jr.**, associate in anatomy, one of its "Ten Outstanding Young Men of the Year." Dr. Angevine was honored for his teaching, his delineation of several neuroanatomical problems, his application of tritium labeling and autoradiography to his studies on the histogenesis of the brain, and for his contribution to the *Atlas of the Cerebellum*.

W. Reece Berryhill '27, dean of the University of North Carolina School of Medicine, has won the O. Max Gardner Award from that university for "his contribution to the welfare of the human race."

The Medical Alumni Association of Vanderbilt University had, as two of their guest speakers, **Charles S. Burwell '19**, Samuel A. Levine Professor of Medicine, Emeritus, and **Chester M. Jones '19**, Clinical Professor of Medicine, Emeritus. Dr. Burwell's speech was entitled "Heart Disease in Pregnancy — Physiology and Management." Dr. Jones spoke on "Consideration of Problems in Various Malabsorption States."

Two outstanding physicians and Alumni of the Medical School received honorary degrees at the 1964 Harvard University Commencement exercises: **William B. Castle '21**, Francis Weld Peabody Faculty Professor of Medicine and director of the Thorndike Laboratory, Boston City Hospital, received a doctor of science degree. He was cited as "a peerless teacher and physician who has ably sustained Harvard's role in a great city hospital."

John C. Snyder '35, Henry Pickering Walcott Professor of Microbiology and dean of the Harvard School of Public Health, received a doctor of laws degree. His citation read: "A warm and unselfish dean who contributes unremittingly to the University, science and society."

Dr. Castle also received an honorary doctor of laws degree from Jefferson Medical College of Philadelphia.

The Brazilian government conferred their Order of Naval Merit upon **Thomas E. Cone, Jr.**, associate clinical professor of pediatrics and associate physician and director of ambulatory services at the Children's Hospital Medical Center, Boston. Dr. Cone was honored for his services as physician to the Brazilian military delegation in Washington.

Gustave J. Dammin, Elsie T. Friedman Professor of Pathology and pathologist-in-chief of the Peter Bent Brigham Hospital, has been re-elected, for a second consecutive term of four years, as president of the Armed Forces Epidemiological Board.

The College of the Holy Cross has awarded **J. Englebert Dunphy '33** the Doctorate of Science at its 118th commencement this June. An alumnus of that institution, Dr. Dunphy was cited as a man with "whole devotion to surgery and to mankind" whose career could be summarized by "three words, responsibility, authority, and joy." Dr. Dunphy is presently Kenneth A. J. Mackenzie Professor and chairman of the department of surgery at the University of Oregon Medical School and will become the professor and chairman of the department of surgery at the University of California Medical School (S.F.) next year.

Early this year, **John F. Enders**, university professor and chief of the research division of infectious diseases at Children's Hospital, Boston, gave the annual Harvey Lecture at the Academy of Medicine in New York. The title of his lecture was "Cell Transformation by Viruses as Illustrated by the Response of Rabbit and Hamster Renal Cells to Simian Virus 40." Dr. Enders has also recently been made a corresponding member of the Academy of Medicine of France.



Dr. Castle at Harvard University.

Maxwell Finland '26, George Richards Minot Professor of Medicine, head of the department of medicine at the Boston City Hospital and director of the Thorndike Memorial Laboratory, B.C.H., was given an honorary degree of doctor of science from Western Reserve University School of Medicine.

Herman M. Kalckar, professor of biological chemistry and Henry S. Wellcome Research Biochemist, Massachusetts General Hospital, was awarded an honorary degree from Washington University this June.

The following physicians have been elected members of the National Academy of Sciences: **Eugene P. Kennedy**, Hamilton Kuhn Professor of Biological Chemistry, and head of the department of biological chemistry; **Otto Kraye**, Charles Wilder Professor of Pharmacology and head of the department of pharmacology; **Stephen W. Kuffler**, professor of neurophysiology and neuropharmacology; and **Thomas H. Weller '40**, Richard Pearson Strong Professor of Tropical Public Health and head of the department of tropical public health.

The 24th annual undergraduate assembly of the Harvard Medical Society presented the 1964 Soma Weiss Award for the most outstanding research paper presented to the Society, to **Samuel A. Latt '64**. His paper on "Intermolecular Energy Transfer in a Model Steroid Compound" showed that by using fluorescence measurements it was possible to determine the transfer of electronic excitation energy between two donor-acceptor pairs of a model "bisteroid" compound.

The George M. Kober Medal for 1964 was presented by the Association of American Physicians to **J. Howard Means '11**, Jackson Professor of Clinical Medicine, Emeritus. The medal was presented to Dr. Means by Howard B. Sprague '22, and it was "awarded for research in scientific medicine."

The following physicians were elected Fellows of the American Academy of Arts and Sciences: **A. Clifford Barger '43A**, professor of physiology; **P. Booth Dews**, Stanley Cobb Professor of Psychiatry and Psychobiology; **Louis K. Diamond '27**, professor of pediatrics at the Children's Hospital Medical Center; **Robert H. Ebert**, Jackson Professor of Clinical Medicine; **Howard H. Hiatt '48**, Herrman Ludwig Blumgart Professor of Medicine; **Paul S. Russell**, John Homans Professor of Surgery; and **Clement A. Smith**, professor of pediatrics at the Boston Lying-in Hospital. **William H. Sweet '36**, associate professor of surgery at the Massachusetts General Hospital was elected vice president of the Academy.

